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Insights from Informal Supporters: An Exploration of Arabic-Speaking Newcomer Women's Experiences of Supporting Survivors of Domestic Violence and Abuse

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education

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Abstract

Informal social support plays a crucial role in the lives of domestic violence and abuse (DVA) survivors. Unfortunately, the experiences of those providing support remain largely underexplored, particularly within marginalized communities. This study examines the impacts of the supporting role on Arabic-speaking newcomer women, exploring both the challenges and the sources of hope that sustain them. Participants completed a survey and follow-up interviews in either Arabic or English. This study focused on the interviews, which were analyzed using thematic analysis. Analyses captured the complex emotional, cultural, and systemic dimensions that informal supporters navigate, framed by the overarching themes of *From the Outside Looking In*, *Personal Investment*, and *A Balancing Act*. The insights from this project contribute to a more culturally aligned approach to DVA intervention, advocating for community-driven strategies that recognize and support the vital work of informal supporters.

Keywords

Peer support, informal support, domestic violence and abuse, immigrant women, cultural identity, community-based support

Lay Summary

This project focuses on understanding the experiences of Arabic-speaking newcomer women who help survivors of domestic violence and abuse (DVA) in their communities. These women provide informal support, which means offering help, care, and emotional support as friends, family, or community members – not as professionals. Their support might include listening, offering advice, or helping with practical tasks. While these women play a crucial role, their experiences and challenges are often overlooked, especially in research.

The women completed surveys and interviews, sharing their experiences in either Arabic or English. This paper focuses on the interviews which were analyzed using thematic analysis, a qualitative research method that helps identify patterns within participants' stories. The key themes identified from the interviews include the feeling of being an onlooker to another's situation, the personal commitment involved, and the delicate balancing act they navigate as supporters.

Importantly, the study continually emphasizes how participants' identities – such as being women, immigrants, non-native English speakers, and raised in non-Western cultures – shape their role and experiences as supporters. The discussion section includes an interpretation of the findings, the author's personal reflections, and recommendations for how organizations can best support this group of informal supporters. The hope of this project is to showcase the importance of informal supporters so they can receive the recognition and support they deserve by their communities in culturally sensitive and appropriate ways.

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1 Introduction & Literature Review

While a strong support system is essential for survivors of domestic violence, who supports the individuals they confide in? Roughly 117,000 domestic violence and abuse (DVA) incidents are filed with police in Canada each year (Statistics Canada, 2022). However, this figure is very likely a grave underestimation, as 80% of DVA survivors report that their experiences of violence go unreported to law enforcement (Conroy, 2021). In most cases survivors seek assistance from informal supports such as family, friends, and peers before considering engagement with formal services (Goodman & Smyth, 2011; Gregory et al., 2017; Latta & Goodman, 2011; Sylaska & Edwards, 2014). Given this context, we can infer the vast number of informal supporters that exist beyond the reported DVA cases. Unfortunately, these individuals are rarely the primary focus in existing research, resulting in limited information about the personal impact of their role as supporters to DVA survivors.

In addition to the overall trend of underreporting instances of DVA, marginalized individuals encounter further barriers when seeking support. To mitigate these challenges, culturally congruent community organizations who serve these populations can play a vital facilitating role as they are more accessible and approachable than traditional formal supports. Considering that informal supports are generally the initial point of contact, it is probable that members of the community are already being approached. Therefore, it is crucial to give space and voice to these supporters within the community. Their experiences can provide valuable insights for organizations on how to effectively bolster informal supporters and, indirectly, the DVA survivors within the community.

The following review will outline the importance of informal support for survivors of DVA and how having a marginalized identity within this context impacts providing support. Most of the current research addresses the needs of DVA survivors and support-seeking behaviours. This paper intends to pivot towards understanding the perspective of informal supporters and exploring how local organizations can aid their supporting efforts for the benefit of the entire community.

1.1 Domestic Violence and Abuse

Globally, one in three women are subjected to physical or sexual violence by their intimate partner according to the World Health Organization (2024). While people of any gender can be targeted, the significant disproportion in attacks against women-identifying individuals underscores that DVA is a form of gender-based violence and a violation of women's human rights (WHO, 2024). DVA is defined as recurring behaviours exhibited by a household member, often a romantic or intimate partner, to strategically control or assert power over another individual. While physical or sexual violence is more widely recognized, psychological tactics such as emotional and financial abuse also fall within the scope of DVA. Consistent exposure to DVA impacts survivors greatly, often resulting in numerous mental, physical, social, and economic consequences (Ozturk et al., 2019, WHO, 2024).

Within Canada, 44% of women aged 15 and older self-reported experiencing abuse from an intimate partner within their lifetime (Cotter, 2021) marking the pervasiveness of this issue in the Canadian context. Although previously considered to be a personal family matter, DVA has garnered attention over time as women have fought for and secured rights, empowering them to advocate for themselves in the public eye

(Stoddart, 2014). Knowledge of prevalence rates and continued advocacy efforts have spurred the development of laws aiming to protect individuals from violence at home and has led to the creation of numerous organizations and agencies across Canada dedicated to addressing DVA.

Although the World Health Organization (2024) recognizes domestic violence and abuse (DVA) as a public health issue, the extent to which countries address it varies greatly. Consequently, it is important to acknowledge that immigrants may have different understandings of what constitutes DVA and may be unaware of Canadian laws and rights on this subject. Addressing this knowledge gap necessitates more than formal information dissemination; it requires a tailored approach that is accessible and culturally informed.

1.2 Support Systems for DVA Survivors

Social support available to DVA survivors includes both formal services and informal supports. Both resources are invaluable, each offering unique strengths and varying drawbacks. Studies involving survivors of DVA have shown that positive social support, formal and informal, enhance an individual's resilience, and serves as crucial protective factors against adverse effects on health, well-being, and overall quality of life (Fuller-Thompson et al., 2020; Gregory et al., 2022, Machisa et al., 2018, Schucan Bird et al., 2022). Therefore, access to both support systems is ideal as this provides survivors with comprehensive resources to more effectively address their abusive situations.

1.2.1 *Formal Services*

Formal support for domestic violence survivors includes a variety of structured services and resources designed to assist survivors find safety, weigh their options, and recover. Shelters provide temporary housing and protection, while counseling and therapy offer psychological support. Police and legal services are typically involved in severe cases and hotlines are available for immediate assistance. Advocacy services, educational programs, and financial literacy workshops are additional resources that offer indirect support by helping women understand their rights, recognize abuse, and gain economic independence. Funding and delivery of these services is typically carried out by agencies, institutions, or government and non-government organizations. Although essential for helping survivors, these services are tied to formal groups, resulting in a coherence with specific regulations, procedural standards, and institutional frameworks which restrict the type of support they can provide. DVA survivors frequently perceive formal support as a last resort, typically reserved for when the severity of abuse escalates to crisis levels or when critical breaking points in the relationship are reached (Ghafournia & Easteal, 2021; Harper, 2021).

1.2.2 *Informal Social Supports*

It is common for a woman's initial step in seeking help to involve disclosing the abuse to individuals within her close social network prior to seeking out formal services (Goodman & Smyth, 2011; Gregory et al., 2017; Latta & Goodman, 2011; Sylaska & Edwards, 2014). These individuals, referred to as informal supporters (InSs) typically include friends, family, peers and community members who offer assistance and care based on personal relationships rather than through organized roles. InSs provide

emotional and tangible support which is often more consistent and adaptable compared to many formal services which typically provide temporary relief or intervene solely in severe situations.

This facet likely contributes to why InS networks are sought out more frequently and for longer periods of time in comparison to formal services (Goodman & Smyth, 2011). Common emotional interventions have been found to include naming the abuse, active listening, validating, suggesting leaving the abuser, providing perspective, and being on standby as an emergency escape or listening ear (Davies et al., 2023; Edwards et al., 2011; Latta & Goodman, 2011; Sylaska & Edwards, 2014). Some examples of tangible support include strategic planning and advice, referrals to resources, providing a safe place to stay, assisting financially, providing child-care, running errands, and confronting the abusive partner (Davies et al., 2023; Latta & Goodman, 2011; Sylaska & Edwards, 2014). Provided there are no formal guidelines for supporting someone, it is up to the InS to decide the extent of their involvement and the means by which they offer support.

The simple act of disclosing the abuse may seem, to the outsider, as straightforward but is crucial as it enables survivors to share their personal experiences and is associated with boosting a survivor's mental health (Sylaska & Edwards, 2014). Sánchez-Prada and colleagues (2020) identified that, in cases of DVA against women in Spain, women InSs are more inclined to demonstrate support for the survivor and attribute blame to the perpetrator in comparison to men InSs, hence women's greater awareness of DVA cases within their social circles (Sánchez-Prada et al., 2022). InSs reactions to disclosure are important as they can significantly influence a survivor's

overall recovery process (McKenzie et al., 2021), with positive InS interactions serving as a major facilitator in help-seeking behaviour for example (Schucan Bird et al., 2022; Sylaska & Edwards, 2014). When initially disclosing the abuse, most women seek emotional support, yet they also find discussing the abuse, receiving advice, and obtaining practical support to be beneficial (Sylaska & Edwards, 2014). Given the critical role that InSs play in survivor recovery, it is essential that their needs are addressed and that they too receive adequate support.

1.2.3 *Impacts on Informal Supporters*

The majority of the literature has concentrated on the significance of InSs to survivors, yet there has been limited attention given to exploring the experiences of supporters themselves. Gregory and colleagues (2017) undertook a systematic literature review to examine how InSs are impacted by supporting DVA survivors. Although 24 articles were identified as relevant to this question, none directly addressed it. Despite this, the patterns observed across these articles indicated that InSs can be profoundly impacted by the act of providing support. First, the effects on supporters' psychological well-being were both positive and negative. Positively, InSs felt an increased sense of agency, validation of personal progress if they were survivors themselves, mutual support, and deepened relationships. Adversely, InSs encountered immediate emotional responses such as shock and fear, prolonged feelings of powerlessness, anxiety, and guilt, as well as potential long-term effects, including vicarious trauma. Second, physical health is sometimes jeopardized in situations where individuals neglect their own well-being to meet the demands of providing support. Lastly, the direct actions of the perpetrator posed a threat to supporters, occasionally placing them in personal danger. The review

underscores the potential for InSs to experience significant impacts to their well-being, especially psychological and emotional, underscoring the need for more support directed towards this invaluable group.

Although Gregory and colleagues' (2017) review shed light on how InSs are impacted, they did not directly investigate the subjective experiences of these individuals. Complementary to their work, Latta and Goodman (2011) interviewed supporters on their experiences and developed a process model of providing support using grounded theory. The model poses that InSs first become aware of the violence, then assign personal meaning to it through the creation of a narrative, and finally determine how to respond. The second process, creating a narrative, occurs continuously as InSs consistently redefined their role and adjusted their supportive actions accordingly. Noteworthy is that participants commonly distanced themselves from providing support for periods of time. This was often done to protect their own mental health when situations became difficult or emotionally exhausting, a finding also reflected in Gregory and colleagues' (2017) research. Another reason to withdraw was to remain engaged in other aspects of the InS's personal life. Overall, the behaviours and challenges noted in this study offer valuable insights that can serve as a foundation for identifying how InSs could be supported.

1.3 DVA Support in Marginalized Communities

1.3.1 *Marginalized DVA Survivors*

Similar to other contexts, individuals who fall outside of society's dominant identities face additional challenges within the domain of DVA. Social demographics such as race, ethnicity, gender, sexual orientation, age, religion, socioeconomic status, disability, and immigration status affect which supports are available and appropriate to

access (Ghafournia & Easteal, 2021; Wachter et al., 2021). This applies to both DVA survivors seeking aid and those supporting survivors by helping them navigate resources and services. Which supports an individual seeks out is influenced by both the sociopolitical context and the survivor's personal identity (McKenzie et al., 2021), together determining the accessibility and safety of available options. Given that this project focuses on Arabic-speaking Muslim women who have immigrated to Canada, the following overview will highlight research with similar demographics to most closely align with the study's participants.

Seeking support is a challenging endeavor for all DVA survivors, but marginalized individuals face numerous additional barriers. Immigrants are often less familiar with resources available to them, including the role of police (Ghafournia & Easteal, 2021), legislature pertaining to DVA (Oyewuwo-Gassikia, 2016; Wachter et al., 2021), existing social services (Afrouze et al., 2018; Ghafournia & Easteal, 2021; Wachter et al., 2021) as well as how these services function (Abu-Ras, 2003). Language and literacy are additional major barriers for immigrants whose English language proficiency is limited (Oyewuwo-Gassikia, 2016).

Without linguistic access, which is essential for meaningful communication and establishing trust, a step-by-step engagement strategy to support survivors' decision-making cannot take place (Wachter et al., 2021). In fact, Abu-Ras (2003) found that from the population of Arab immigrant women surveyed in Detroit, the three major barriers for using DVA services was insufficient knowledge on how they worked (92.5%), a lack of informal supports (74.6%) and limited English proficiency (70%). These three factors have been consistently identified across similar studies (Kim et al., 2015; Wachter et al.,

2021). This is understandable, as limited language proficiency makes it difficult to understand how social services operate and make social connections that can be of assistance. This highlights the importance of personal networks who speak the survivor's language and can help them navigate support services without the need for interpreters (Abu-Ras, 2003; Wachter et al., 2021).

Formal services are often inadequately prepared to address the unique contextual factors affecting Muslim newcomer women (Oyewuwo-Gassikia, 2016). When survivors do manage to access support, they may encounter institutional discrimination from systemic racism or directly from service providers who hold prejudiced views about the prevalence and acceptability of abuse within certain ethnic and cultural backgrounds (Ammar et al., 2013; Anitha, 2011; Gharfournia & Easteal, 2021, Milani & Leschied, 2022). An example of this would be when service providers attribute a survivor's religious beliefs to be the source of oppression and believe it is their duty to 'liberate' her from this culture (Milani & Leschied, 2022). Regardless of intentionality, discrimination increases isolation and further marginalization of immigrant survivors of DVA (Gharfounria & Easteal, 2021). In fact, a contributing factor to why survivors hesitate to seek assistance is a perceived lack of culturally sensitive services (Afrouze et al., 2018). These factors underscore the observed pattern that ethnic and racial minorities are more likely to seek informal channels of support rather than formal ones (Schucan Bird et al., 2022). Additionally, immigration status uncertainty has been found to delay help-seeking behaviour (Oyewuwo-Gassikia, 2016), but further research is required on this topic as it has consistently been overlooked (Rai, 2020; Wachter et al., 2021).

The role of the family is foundational in Muslim societies and therefore a particularly important factor when seeking support for DVA (Afrouz et al., 2018). Violence may be kept quiet to maintain family harmony, retain loyalty, and protect the family's reputation (Afrouz et al., 2018). Sometimes family members will actively discourage survivors from seeking formal aid (Gharaibeh & Oweis, 2009) to uphold cultural beliefs of family honour and privacy (Eisikovits et al, 2008). Women's views on domestic violence are influenced by Islamic family law, and since more than 80% of Muslim-majority countries in the Middle East and North Africa lack protective legislation against gender-based violence, the law often benefits men which increases discrimination against women (Gouda & Potrafke, 2016). Beyond family, religious leaders hold a significant role and their support is paramount when survivors confide in them (Afrouz et al., 2018). However, they are not always met with helpful guidance as some religious leaders may struggle with addressing DVA cases or attempt to persuade women to remain with their abusers (Ghafournia, 2017; Ghafournia & Easteal, 2021). However, since religious and theological teachings emphasize compassion, justice, and liberation—principles that oppose violence against women (Flood & Pease, 2009)—it would be inaccurate and a grotesque oversimplification to blame religion itself for such violence. In fact, the Qur'an promotes respectful and just treatment of women, emphasizing equality in several verses. Lastly, faith has also been shown to be a useful coping strategy that aids survivors in navigating their abusive situations (Ghafournia & Easteal, 2021; Oyewuwo-Gassikia, 2016).

1.3.2 *Marginalized DVA Supporters*

Since marginalized informal supporters also struggle to navigate services, they often feel ill-equipped to assist those experiencing DVA (Wachter et al., 2021). Refugees who resettled in the USA emphasized the importance of family support when seeking help for DVA, noting that these social connections widened their knowledge of the available services in their countries of origin and while displaced (Wachter et al., 2021). Losing these social supports upon relocation and the lack of trust in providers increases their silence (Wachter et al., 2021).

A recent study (Ko & Park, 2024) in South Korea focused on the perspectives of supporters on intervening in DVA situations. There were overlapping findings to Latta and Goodman's (2011) work, but given the importance culture plays in gender socialization, DVA, and people's response to it (Park & Kim, 2024), they identified two novel pieces that commonly influenced InSs perceptions. First, InSs expected survivors to express a willingness to leave their abusers prior to considering intervening, and second, InSs wanted to respect the survivor's honour if they became involved. Both perspectives were interpreted to be rooted in Asian cultural norms. Korea's cultural context highlights familism, where family needs, values, and honour are prioritized over individual's needs, and therefore issues in relation to intimate relationships are often considered shameful (Ko & Park, 2024). This shame rhetoric is widespread in patriarchal societies where DVA is normalized and treated as a private matter (Murvartian et al., 2024), impacting both the survivor (Murvartian et al., 2024) and the supporter's perspective on DVA intervention (Ko & Park, 2024). Unfortunately, the firsthand experiences of InSs aiding DVA survivors are significantly underexplored, and there is a

sizable lack of literature from the perspective of supporters who belong to marginalized communities themselves.

1.3.3 *A Community Approach for Muslim Immigrants*

Communities that are empowered to tackle their own challenges rather than being forced to rely on external forces often achieve better outcomes (Gearing et al., 2012, Malqvist, 2018). History has shown that outsider-driven approaches, such as those established by colonizers, frequently fail to be effective as local and cultural contextual factors are overlooked (Edwards et al., 2014, Gearing et al., 2012) and systemic discrimination remains embedded in interventions (Robinson, 2022). Provided that community interventions are well-suited to address public health issues (Malqvist, 2018), we can approach DVA from this perspective as well. A community-centered approach is actively being pursued by a non-profit organization in Southern Ontario. Aimed at providing culturally integrated social support for Muslim and collectivist-oriented immigrants, this organization is committed to promoting family safety and well-being. Through providing evidence informed psychoeducational programs, workshops, campaigns, and hosting community conversations, the center has made significant strides in highlighting gender-based violence. What distinguishes this center from more formal services is its cultural competency, linguistic capabilities, and deep community connections with the population it serves.

When providing support, one size does *not* fit all (Malqvist, 2018, Milani & Leschied, 2022). Organizations achieve greater cultural competence when their members reflect the communities they serve. Sharing contextual knowledge and language with those they support enhances communication and thereby service implementation and

delivery (Malqvist, 2018; Wachter et al., 2021). This is likely because shared identities, values, and understanding create a less threatening environment and a belief that community members have their best interest at heart. Language is crucial in this setting, as it significantly increases the sharing of information and enhances immigrants' access to resources that might otherwise remain unknown (Kim et al., 2015). Overall, community connectedness is at the core of a network-oriented approach (Goodman & Smyth, 2011; Wachter et al., 2021), making this systematic approach ideal for supporting DVA InSs (Latta & Goodman, 2011).

2 Current Study

2.1 Research Questions

Numerous studies have focused on DVA survivors and their navigation of support systems, but there is a significant gap in understanding the experiences of individuals who provide informal support, particularly within marginalized communities. Exploring and gaining insight into the experiences of Arabic-speaking newcomer women providing support to DVA survivors can inform the development of community programming to more effectively support this underserved population of InSs. This project aims to gain insight about the (1) challenges encountered by InS participants and the (2) sources of hope and strength they draw from. By acknowledging the subjective experiences of these women, the project aims to identify ways to enhance and develop tailored support systems for Arabic-speaking newcomer women in their community and similar communities by specifically preparing for and addressing challenges they may face, as well as leveraging sources of hope to bolster their emotional well-being.

2.2 Theoretical Framework

The foundational ontology of this project is grounded in social constructivism. Social constructivism posits that reality is conditional on an individual's interpretation of language, interactions, and shared understandings with others. The philosophical underpinning is applicable to this research project as it takes into consideration how norms and cultural values influence InSs understanding of DVA and their role as supporters. Both the new Canadian societal norms and the more familiar values held in their home countries about DVA contribute to the construction of Arabic-speaking newcomer women's experiences as InSs. Furthermore, since realities and knowledge are

actively shaped through social interactions it is important to recognize that my subjectivity will inevitably influence this project, despite efforts to minimize such effects.

2.3 Positionality Statement

As a non-Arabic speaking, non-Muslim researcher, I recognize my outsider status when working with this population. Although I am also a woman of color and an immigrant to Canada who learned English as a second language, I acknowledge the many differences between us. My upbringing took place in Christian-oriented countries and was predominantly shaped by Western worldviews. While I have experienced prejudice due to my complexion and background, these experiences are vastly different from the discrimination faced by Arab women. Since I do not wear clothing or accessories that allow people to identify my religion or culture, I lack the lived experience of navigating life with this vulnerability. Our immigration and assimilation experiences likely differ significantly, as individualism was already ingrained in me whereas my participants were likely shaped by collectivistic and interdependent cultural values, depending on their countries and communities of origin.

I acknowledge my own covert biases against Muslims, shaped largely by the blatant and subtle Western stereotypes I was exposed to growing up and continue to be surrounded by. I am actively working on continuing to recognize these through self-reflection and seeking diverse perspectives, as well as unlearning through educating myself, both formally and informally. This research project has addressed some biases for which I have dedicating time and attention to unraveling and am committed to continue doing so. My perspectives cannot be disentangled from my research; however, I was determined to highlight each participant’s voice as authentically as possible to ensure

their experiences were represented with the utmost integrity and respect. My intention was not to investigate the accuracy of people's experiences but to conduct this research with the intent to create space for the voices of those who have been historically overlooked. Lastly, my perspective and research are underpinned by a feminist stance.

3 Methods

To gain a more comprehensive understanding of informal supporters' experiences within this community, semi-structured interviews were conducted with newcomer, Arabic-speaking women who identify as having supported others in abusive relationships. A qualitative approach was chosen for this project as it allowed for deeper insight into participants' personal experiences. Recognizing that this community faces unique challenges, semi-structured interviews were chosen to capture the avenues participants wish to explore and share, thereby amplifying their voices over a specific research interest. A survey and focus groups were also conducted as part of another project, and some of the survey data is incorporated into this thesis given its relevance to the research questions. The survey was co-developed with the community agency and their input was welcomed for interview prompt creation. It was decided to collect minimal demographic information to protect participants' privacy given the potential for easy identification within the community. Ethics approval was obtained from the University of Western's Research Ethics Board ensuring that the study adhered to the necessary ethical guidelines and standards for research involving vulnerable populations (see Appendix A).

3.1 Recruitment Procedure

A recruitment video was created in partnership with two contacts from the aforementioned community organization to best appeal to our target audience and to help create an Arabic overlay of the information. The video outlined the general survey and further provided information on participating in an interview or focus group. The organization's contacts uploaded the video to several WhatsApp groups comprised of

participants from a previous peer leadership program. This program focused on information addressing DVA including psychoeducation, how to best support those affected, and Canadian rights and social services. Snowball sampling was encouraged for this project, where potential participants were invited to share the recruitment video with others who might be interested.

3.2 Survey

The recruitment video included a QR code that provided the link to the Qualtrics survey. The survey was available for participants to view and complete in both English and Arabic. Translation was made possible with the assistance of a contact from the community agency, who served as our primary liaison for all translation-related matters throughout the duration of the project. The English version of the survey is provided in Appendix B. At the completion of the survey participants were asked whether they would like to participate in an interview or focus group. If yes, they were prompted to a separate Qualtrics form (see Appendix C) to collect their contact information for scheduling purposes, and to ask whether they would like a translator from the community agency present. A separate form was created to avoid personal information being linked to the anonymous survey data. To thank individuals for their time and commitment, the contact information was also used to send a grocery store gift-card. This small monetary incentive was sent to participants after they had consented to partaking in an interview or focus group and prior to the scheduled date. Please note that the focus group data and an in-depth analysis of the survey data are not part of this thesis.

3.3 Interviews

A total of six participants chose to take part in an interview. They were given the option of completing interviews via zoom or in person at a local library. All participants chose to meet virtually and agreed to be audio-recorded after explicit, informed consent was provided. Four of the six participants chose to have a translator present so they could express themselves in their native language. The semi-structured interviews ranged from 21 to 47 minutes in length and a topic guide (see Appendix D) was loosely followed to guide discussion. Participants were asked to share their story of being a supporter and how this has impacted them personally. Prompts include the challenges they have faced, how participants stay hopeful, and why providing support is important to them. Further questions were points of interest to the community organization who is looking to offer future programs for InSs who support women with DVA experiences.

Beyond meeting the interview participation criteria, no demographic information was collected from these women to minimize the risk of identification. To provide an overview of who participated the following was identified through their interview answers. Most participants identified themselves to be mothers and married. While only two explicitly stated that they have lived in Canada over five years, the ease and confidence with which others spoke about Canadian society suggested that none were not recent arrivals. Most women provided long-term support, with some having supported several survivors. One participant mentioned holding a master's degree, while another shared that she is currently pursuing studies. Regardless of educational background, all participants spoke enthusiastically about the program, expressing how much they learned and appreciated the guidance it offered them in supporting DVA survivors.

3.4 Data Analysis

Upon interview completion, the audio recordings were transcribed, cleaned, and anonymized. A reflexive thematic analytic approach, as characterized by Braun and Clarke (2022), was used to analyze the interview data. NVivo was utilized during the transcription and analysis. To further maintain confidentiality and anonymity of participants, all names have been replaced with pseudonyms.

Thematic analysis is an iterative process consisting of analysis and interpretation of patterns within a qualitative set of data with the goal of developing key themes. Coding is used to organize and label patterns of meaning which are drawn upon to inform theme creation. Braun and Clarke's (2022) six-phases to reflexive thematic analysis are (1) dataset familiarization, (2) data coding, (3) initial theme generation, (4) theme development and review, (5) theme refining, defining and naming, and (6) writing. These steps were followed as guidelines and embedded in constructivism. This epistemology asserts that each person's knowledge and meaning is socially constructed and acknowledges that my interpretations, as the researcher, are subjective. Gleaning meaning is regarded as an active engagement between myself and participants' answers and therefore a reflexive approach is appropriate. Incorporating reflexivity promotes transparency and fosters a more nuanced comprehension of how my perspectives influence the analysis. Reflexivity was woven throughout all stages of the research process, involving regular reflection on personal assumptions, expectations, choices, and actions.

4 Results

4.1 Survey Results

After data collection and before analysis, the response data (n = 94) was organized and cleaned, with submissions lacking consent or left completely blank excluded (n = 4). All qualitative responses written in Arabic were translated into English with the help of our community agency translator. Importantly, all identifying features (i.e. age, country of origin, etc.) were removed prior to sharing the Arabic responses with the translator to ensure maximum participant anonymity.

4.1.1 *Descriptive Statistics*

Of the remaining 90 participants who partook in the survey, the majority identified themselves to be between 35-44 years old (46%) and 25-34 years old (24%). The remaining participants' ages were as follows: 16% were between 45-54 years, 5% were between 18-24 years, and 4% were above 55 years old. Length of residence in Canada varied, with 7% having lived in Canada under 2 years, 24% for 3-5 years, 61% for 5-10 years, and 7% for over 10 years. Regarding citizenship status, most participants were either Canadian citizens (66%), permanent residents (27%), or refugees (6%); while only one participant reported being here on a student visa. Syria was the most frequently reported country of origin, accounting for 54% of participants. Figure E1 (see Appendix E) provides a detailed breakdown of all nine identified countries of origin. When asked about whether another woman had disclosed experiencing DVA to them, 62%, of the 77 participants who responded to the question, said yes. Others said they have not (30%), and some reported being unsure (8%) of whether or not they received a disclosure of DVA. When asked if they had provided support to women who have experienced DVA,

the majority of participants said yes (64%), some said no (22%), and others were uncertain (14%). It is important to note that a DVA disclosure was not a prerequisite for women to provide support as several women reported having supported others who did not provide a formal disclosure.

As for participants who said they had provided informal support, most reported providing support remotely (74%). This provision of 'remote support' can be divided between women living abroad (57%) and women living within Canada (17%). Local support, within Canada, was also identified as a context of support by 38% of participants. Participants had the choice of selecting more than one response in order to reflect the diverse nature of informal support provision, so the total percentage of responses to this question exceeds 100%.

In terms of volume and frequency of support, 62% of participants reported supporting 1-2 women, 19% reported supporting 3-5 women, and 8% reported supporting >5 women. The remaining 11% accounts for women who reported supporting 0 women. Most participants supported women across 3-5 interactions (52%), while 27% offered immediate, one-time support, 24% offered long-term support, and 13% supported women across 5-10 interactions. This question also offered participants the chance to select more than one response to account for variations in frequency of support for participants who supported more than one woman.

4.1.2 *Challenges, Impacts, and Motivations*

A few survey questions focused on the impact supporting has on InSs which are highlighted here. The first asked participants to identify obstacles they have experienced

when being an InS to women who experience DVA. Given the option to check as many items on the list that applies to them, the most frequently chosen answers were ‘personal discomfort’ and ‘geographic distance from the survivor’ at 37% each. The next highest at 34% was ‘lack of knowledge’. Similarly, when participants were asked to identify their concerns about contemplating providing support from the same list, these three items were ranked the highest. However, this time potential lack of knowledge was chosen by almost half of participants (49%), followed by potential personal discomfort (43%), and then geographical distance (30%). It is important to mention that some participants provided other reasons including the possibility of making things worse, and the potential to relive old memories as they are survivors of DVA themselves. The full results to these questions are presented in Figure E2 (see Appendix E).

One question inquired about the impact supporting has had on participants’ well-being. The short-answer responses varied greatly, ranging from negative comments such as feeling dissatisfied, tired, experiencing survivor’s pain, to positive comments such as gaining confidence or strength, feeling comfortable, and feeling useful. Roughly 28% of InSs who responded to the question pointed out the negative emotional impacts or shared feeling of sadness, anxiousness, or consistent worry for the survivor. It is also noteworthy that almost 28% of participants reported that supporting survivors has had no impact on their well-being.

To gain a deeper understanding of participants' motivations for supporting survivors, a short-answer question about their reasons for offering support was included in the survey. Almost half of the women (47%) who responded to this question expressed a sense of responsibility to the survivor or a deeper sense of obligation to provide aid.

Throughout participants' answers the recurring word "zulm" emerged, which translates to oppression or injustice but carries deeper cultural and religious significance, often associated with moral or ethical wrongdoing. Roughly 24% mentioned zulm or expressed their desire to stand up against gender-based violence and oppression. The last two answers that were both equally present at 10% included feeling empathy for the survivor and having a deep concern for the survivor's well-being. Although only one participant explicitly used the word 'solidarity,' participants' responses, in the survey as well as the interviews, reflected an overwhelming sense of solidarity and compassion for women within their community.

4.2 Interview Results

Upon analyzing the six interviews, three themes were identified through a combination of deductive and inductive processes. These themes, supported by several examples, are reported below and summarized in Table 1 (see Appendix F). While no formal demographic data was collected from interview participants, Table 2 (Appendix G) provides some context for their responses by outlining interview language, their relationship to the survivor and whether support was provided locally or remotely.

4.2.1 *From the Outside Looking In*

The first theme pertains to the perspective InSs have as onlookers and is therefore named "From the outside looking in". The three subthemes capture a feeling of possessing insider information but acknowledging their limited options as they aren't directly part of the abusive interactions. Supporters witness the survivor suffer, center the survivor as the main character, and hold personal foundational beliefs that shape their experience of being an InS.

4.2.1.1 Seeing the Survivor Suffer

A common challenge faced by four of the six InSs was witnessing the survivor suffer. Although this was not always explicitly expressed, their recounts of the stories invoked a sense of longing to alleviate the survivor's distress. Some supporters contrasted their friend's current behaviours with their behaviours prior to the abuse, while others pointed out the social isolation tactics abusers invoked and the negative effect this had on the survivors. Some, like Layla, witnessed the abuse firsthand. The translator recounts:

> *She said like she felt annoyed and frustrated because of the disrespect and the humiliation that her friend felt at the moment. And like because she's a human being as well and she has the right to speak up and also like to be respected from her partner.*

Layla's third-party perspective allowed her to see the abuse for what it was: abuse. She expressed the injustice, wishing her friend could 'speak up' for herself to earn the respect she deserved. The survivor likely did not share this line of thinking as she was focused on keeping the abuser docile. Layla acknowledged the anger she has on her friend's behalf, something she reiterated later in the interview. Her translator explains:

> *Layla also said like she's really, really annoyed, maybe more than her friend about what is going on. And this is why she avoid visiting her anymore in the house, like just to avoid meeting him and maybe witnessing any situation of abuse.*

As time passed, the supporter's irritation grew as little change occurred, and she chose to remove herself from the situation to avoid witnessing the verbal abuse directed at her friend. Layla's sentiment demonstrates the intensity of emotion that she felt as an

outside witness which is inaccessible to the survivor who is directly affected by the abuse. Seeing the survivor suffer, and the repetitive nature of the abuse without an end in sight is beyond frustrating to someone who cares for the survivor but cannot directly intervene.

4.2.1.2 Centering the Survivor as the Main Character

Another way that participants identified their limits of being an outsider in abusive situations is recognizing that the survivor holds the decision-making power. Half of the women interviewed learned either through experience or through the community program that certain supportive actions are only effective if the survivor is receptive to it. Rania described:

> *When I to hear about someone need help, I try to help him, but he's have to be feel in him inside she's want to take the decision. I can't help someone without he want to help himself.*

Rania touches on one of the main takeaways from the program, applying it to a situation when supporting her neighbour. Providing the survivor with resources was Rania's way of giving information without forcing a decision on her. Stressing the importance of survivor autonomy and their need to 'feel' that they 'want' to make a decision creates distance between the choices a survivor makes, and the actions taken by an InS. This psychological distance removes some of the accountability InSs have in the outcomes but also emphasizes the isolating role survivors are left to navigate.

A slightly different perspective on survivor autonomy is given by participant Zainab:

[I] still don't push any person what to do or what he has or what he doesn't have. ... Each one know his own decision what he can, how much he can hold and what he can do at his time. No one can feel better than him or can know his answer.

This participant acknowledges the importance of autonomy as she has experienced first-hand that making decisions on behalf of a survivor before they were ready may backfire. Zainab describes a nuanced understanding of what survivors may be capable of facing at any given time and that no outsider can know this. This participant shared a story of going above and beyond for a survivor, helping her make commendable strides in independence. Despite all the accomplishments, her efforts crumbled, and Zainab reflected on pushing her friend too much towards what she thought was the right way to leave the abusive situation instead of listening to what her friend was mentally prepared to do at the time. The story conveys a necessity for InSs to reflect on their helping behaviours and to know the difference between whether an InS is helping the survivor or providing the survivor tools so she can help herself. Given the personal toll this took on Zainab, she is adamant about not wanting to repeat her mistake in overlooking survivor autonomy.

4.2.1.3 Foundational Beliefs

As humans we find ways to make sense of life to help us cope with uncertainty and hardship. This is often reflected in our foundational beliefs about the world and society, shaping our worldviews and how we assign meaning to things within our life. InSs face a lot of uncertainty as they worry about those they support, knowing they have little control over their situations as onlookers. Sometimes identifying something concrete helps decrease feelings of uncertainty. The following participant, Fatima, is

talking about her sister whom she is supporting from abroad. Her family have given her sister and children refuge while she and her abusive husband determine next steps. Fatima seems hopeful as to what will happen from here as she says:

> *And maybe the problem will become better after that… [Her family] think[s] that if they get her now and stop this [abuse] and ask her what she want, advise her, think what is the problem? What's the basic, what's the big problem to make their life like this?*

When Fatima recounts her sister's story, she often refers to the same 'problem' which occurs repeatedly in her sister's marriage. However, this passage distinctly refers to the idea of a single underlying problem that needs to be addressed. Fatima speaks about this main issue with great conviction, emphasizing that identifying the root cause could provide a solution to stop her sister's suffering. Although DVA is often not due to a single underlying issue, believing there is one and that it can be solved brings purpose and direction to an uncertain situation. InSs aren't given a script or job description when helping others which can make it very difficult to navigate how to best support someone. Therefore, having a concrete foundational belief to focus on, such as an underlying problem, can foster hope in the survivor's outcome.

Another participant deeply believes that everyone deserves a good life and has the ability to change their life if they are currently unhappy.

> *A person in this life deserves good life. Not matter what the religion, not matter what the culture, not matter what your skin color, doesn't matter anything. All in this life have right to live good life. To enjoy the life, we all have right to speech, to do whatever you want all of this have the right. Why I chose to be with bad*

relationship or bad something, I just I have to take that decision and be strong to continue. Sometimes hard, sometimes may be failed, sometime it's feel what I do for myself. But the end it's deserved. You try, and try, and try. Never give up.

Believing that all people have the power to shape their futures and invoke change through personal effort is a source of hope for Rania. This worldview likely provides some relief to her as she herself has little ability to invoke change. It reinforces the idea that abuse is not inevitable, and individuals are not permanently trapped, but instead have the ability within them to resist and overcome it. Rania emphasizes that change may not be easy, but the end result of a deserving life is worth the cost and relentless attempts. Here, the participant's foundational belief in a deserving life is an antidote to the uncertainty of how a survivor's future will look, instilling some hope in a brighter future for them.

4.2.2 *Personal Investment*

The second theme captures participants' reflections on the personal commitment that offering support entails. The two subthemes identified highlight supporting to be a moral responsibility and how staying silent is sometimes the safest option.

4.2.2.1 Supporting is a Moral Responsibility

A pattern that came up in all participants' interviews was a moral responsibility or duty to provide support to others who need it. Rania describes:

Actually, I feel… I'm helpful person. I feel I have something to do in this life, to help. I like actually to help people in this situation also for other situation. If any people need help, need support, I'm always here. For my husband, for my kids,

> *for my friend, for everyone. I feel happy when I do, when I help someone to make her life better. Actually I feel happy. I feel happy, also proud myself because I can help someone for a change her life for better life.*

Rania describes herself to be a helpful person and that supporting others brings her joy and pride. She feels called to being helpful as it provides a sense of purpose – something she feels she "[has] to do in this life". Although she generalizes help to include support beyond DVA survivors, she mentions that she likes to help people in abusive situations and that changing someone's life for the better makes her proud. This stance reflects her belief in having an influence on the outcome and that being an InS is meaningful. Rania's reflection on providing support demonstrates her level of purpose, commitment, and personal fulfillment that comes with this role.

Purpose and a sense of responsibility seem to be strong motivators for offering support. The desire to help others was echoed by Fatima who explained why she took part in the community peer leadership program:

> *I heard about it from my friends. A lot of my friends were with [program facilitators] … and they told me that it's a good session and you will get new information and you will be a good person when you can help yourself and you or maybe anyone else. So I just went and if they have another one, I will do that again.*

Even though Fatima's friends convinced her to join the program, it was ultimately their promise of being a 'good person' and helping people that Fatima identified as catalysts to joining the program. This suggests these qualities are important to her and

may be seen as moral duties to strive for. Fatima also identified wanting to repeat the program should it be offered again, suggesting a positive experience and perhaps an internal drive to further her understanding and supporting capacity in this context. This suggests a moral responsibility or desire to be helpful as Fatima translates this to being a 'good person', an overarching identity that she identifies with.

Another participant shared that providing support is more than a choice to her due to the knowledge she possesses. The translator conveyed that Amina "feel[s] like she's responsible to share that knowledge she has, to help others." Acknowledging her position of informational privilege she gained in the community program, Amina feels that it is her duty to share with whomever could benefit from this information. Using the word 'responsibility' demonstrates a deeper sense of moral obligation to be helpful, rather than a favourable action she chooses to partake in.

4.2.2.2 Staying Silent is Safer

When choosing to support someone else who is in a dangerous situation, one should always consider their own safety. Four of the six women who partook in the interviews expressed concerns about putting themselves or the survivor at risk when supporting others. The translator reflects Mariam's thoughts about supporting her friend:

> *Sometimes [Mariam] feels like some fear because she doesn't want to maybe have broke the family or be the reason behind divorce. Also, she said maybe also even sharing like the story with us. She know like everything is private here. And but she feel like in any way when she want to talk about this she's under pressure and feel stressed. She would like maybe more sessions, awareness session around how to really support in a correct way because Mariam is really aware that any*

advice, because she has this trust bond with her friend, so she knew that any advice could maybe lead her friend to take a wrong decision. And this make her really worry all the time.

Mariam makes several distinct points that emphasize her worry. First, she is afraid of being identified as the person that 'broke' the family. Despite abuse being the true reason behind a marriage potentially ending in divorce, Mariam likely worries about being seen as the catalyst that sparks the potential outcome of divorce and the negative attention her friend would receive. Although divorce is legally and religiously permitted, cultural and social expectations in many Arabic-speaking communities make this a highly stigmatized process. There is potential for Mariam to experience significant social repercussions within the community if it becomes known that she was her friend's primary source of support. Theoretically, the safest option would be to stop supporting her friend because then Mariam would not be associated with any potential outcomes.

Second, Mariam feels anxious sharing her friend's story during the interview, despite being assured that we will be focusing on her experiences as an InS and not retelling her friend's story in the research. Opening up to a stranger about DVA, a subject typically discussed behind closed doors, is a risk because there is no guarantee beyond the researcher's word that this information will be kept confidential. With the looming potential for the story to leak into the community and result in negative social consequences for herself and her friend, simply speaking to us is a calculated risk she undertook. Another participant chose differently by redacting several minutes of interview time to protect herself and/or the survivor, likely having assessed the risks for her situation slightly differently.

Lastly, Mariam acknowledges that, as an important person in the survivor's life, she bears considerable responsibility when offering advice as her friend is likely to follow it. The responsibility is consuming her as she often worries about advising her incorrectly, possibly resulting in a worse situation. Beyond wanting the best for her friend's well-being, it remains unclear whether Mariam is primarily concerned about self-blame, being blamed by her friend, or facing blame from the community if this were to occur. Nevertheless, she would perceive herself to be at fault. Provided the high stakes, it would be safest for Mariam to remain silent and not offer any advice. In this one quote, Mariam has shared three distinct examples of her dedication to being an InS in the face of serious repercussions, demonstrating her personal investment in supporting her friend.

> Similar to Mariam, the translator relays Amina's anxieties about being accused: *So sometimes she's worried about maybe community blaming her. Like especially it has happened with Amina that a friend like she gave her advices. Then she came back like she turned back to her husband and started blaming Amina. So Amina feels sometimes, like, if I, like, kept silent, it might be better for me.*

Amina's first-hand experience of being blamed by the abuser for influencing the survivor reinforces and intensifies the fear of being held responsible for the survivor's thoughts and actions. Perpetrators employ many tactics to keep power over their targets. Should an InS become a significant threat to their power, they may be viewed as a target themselves. This is a terrifying position to be in, especially if the abuser has the social capital to also manipulate the community's views of the InS. Based on the interview with Amina, she only shares being accused by the abuser, so it is unclear whether there was community involvement. However, the possibility of Amina being ostracized by her

community is deeply concerning and demonstrates the significant personal stakes involved in being an InS to her friend. Justifiably, Amina must constantly weigh the decision of whether to remain silent, knowing the potential consequences for her friend if she does, and the consequences for herself if she does not.

4.2.3 *A Balancing Act*

The final theme is titled “A Balancing Act” because its encompassing subthemes require constant monitoring and careful consideration on the InS’s behalf. Without keeping these dynamics in check, an InS’s well-being is likely to suffer, making it harder for supporters to continue fulfilling their invaluable role.

4.2.3.1 Emotional Exhaustion

Most participants shared that their role as supporters included emotionally difficult times. Mariam shares:

> *It was somehow hard because you feel that you are living in that situation and your feeling, your heart. Everything will be with, with my friend that, having like many problems. So it's not easy. It's not easy at all.*

Mariam beautifully describes the empathy she feels for her friend as being felt in her heart. She does not only cognitively understand her friend’s situation but also embodies it. Although she did not mention specific emotions, her voice carried sorrow and pain. Sitting with this feeling and knowing that her friend is enduring abuse every day is ‘not easy’. Mariam emphasizes the difficulty and complexity of these feelings by reiterating her last words. Supporting a survivor of DVA often entails listening to their stories of abuse which generates many feelings. Being an InS for someone for an

extended period of time can be emotionally taxing and exhausting, especially if the situation does not seem to be changing for the better. Mariam shared that she had been supporting her friend, whom she loves like a younger sister, for a long time. The duration and closeness of their relationship amplify the emotional toll of providing support and deepen the pain she experiences.

When her friend shares her experiences of abuse with Layla, Layla sometimes gets overwhelmed by “really hard emotions”. The translator helps her name these emotions, saying “She feels sometimes angry, she feels frustrated, she feels stressed out, she feels tired.” Layla also labelled herself as “extreme in her emotions” as she feels things very deeply. In addition to the abuse itself, it is often the accompanying helplessness that brings about feelings of frustration and hopelessness about the situation. Furthermore, Layla would question why this is happening to her friend, attempting to rationalize and logically make sense of the abuse. Since reasons can never justify abuse, these recurring thought patterns are exhausting, leaving Layla mentally drained.

Both Marian and Layla sometimes struggle to manage these big, heavy emotions that arise from being an InS. Their empathy and care are essential characteristics of wonderful supporters, but if not addressed they can have a negative impact on them personally. In other words, finding a balance for their emotional labour is a necessity for preserving their mental wellbeing. The final subtheme within ‘A Balancing Act’ outlines how InS can, and have, done this.

4.2.3.2 Seeping into Personal Life

The second subtheme speaks to the permeating nature this work has on InSs lives. Most women described experiences depicting the difficulty of fully disengaging from their supporting role. After spending time with the survivor she supports, Fatima noticed "Sometimes I feel that I want to fight with my husband because I hate the men at that time (laughs). No one can talk to me." Fatima describes wanting to take her frustration out on her husband because he is a man, a characteristic he shares with her friend's abuser. Given that the vast majority of DVA perpetrators are men, it is reasonable for her to focus on this identity factor over another when generalizing. I interpret her laugh as an attempt to convey that she knows projecting her anger at her husband is not right, but that she feels the urge to do so regardless. Her subsequent sentence about being unapproachable asserts her desire to be left alone, allowing her time to process uncomfortable emotions – such as anger towards men – because no one can calm her when she feels this way. The experience Fatima shared demonstrates that aiding survivors and listening to their stories affects InSs even when they are not currently supporting someone. Being an InS spills over into Fatima's personal life as it affects her interactions with her husband, and potentially the rest of her family if she engages in conversations when her emotions are high, and she has not had a chance to regulate them.

InSs lives are also affected by the survivors themselves. When asked about where she draws hope from when supporting her friend, Mariam shares about the bond they have and the impact their relationship has on her life:

> *Because I love her. She's my best friend, and I want the best for her. I want to see her that she's comfortable in her life. Because when your friend be comfortable,*

you will be comfortable. It's because she's effect and somehow in my life a positive side. So I need this side, because I don't have a sister. I don't have a family here. So your friend is the way that you can do everything. Like laughing, like drink coffee, like just to go out a little bit or to the park. You know, it's like. It's like a family in the other way.

Mariam expresses the deep feelings she has for her friend who is like a sister to her. She talks about how positively she has affected her life and how much Mariam 'needs' her in her life. This necessity comes from not having family in Canada herself, and from the optimistic worldview her friend possesses. The undertone of this passage is both hopeful – because she genuinely believes her friend's ability to survive the abuse – and also filled with longing for the times they could simply enjoy mundane moments together without the weight of DVA. Knowing that she cannot fix the situation, Mariam's goal is to make her friend as comfortable as possible. When her friend is comfortable, she can be comfortable herself – a phrase she repeats throughout the interview, almost like a mantra. Acknowledging that Mariam likely encountered many times when she could not make her friend's life comfortable, we can imagine how difficult it would be for Mariam to rest and not be consumed by thoughts of her best friend's struggles. Her mantra underscores how deeply her friend's well-being is tied to her own and how being an InS directly impacts Mariam's own life. Similarly to emotional exhaustion, monitoring how one is personally affected by providing support is paramount for one's own wellbeing and effectiveness in providing support.

4.2.3.3 Cultural Considerations

The topic of DVA carries additional cultural dimensions for Arabic newcomer women, shaping the ways in which they receive and provide support. When asked about how she approaches providing support to others in her community Amina's translator responds:

> *There's a difference. Because, like, in each area back home, there's certain, maybe social norms, traditions. And [Amina] feels like sometimes, like if she has a friend from different areas, same country, it could be about different problems. It could be slightly different based on what do they think, what is socially accepted or not. … Let's say like if a woman wants a divorce, like part of them thinks like about the husband. Like socially, like it's not accepted to leave him, live on her own, raise the kids and keep him in the streets. And but other women like they would accept that. And even if this is socially unaccepted in their back home community. … So Amina said there's a difference in supporting both women. Definitely. Because, like, she feels whenever she's approaching a woman that is maybe more concerned about what is socially accepted, she would say 'this will happen if you leave your husband, but you have rights like you shouldn't maybe accept abuse'. And she feel like maybe it's easier to give the same information for women who are more open and doesn't care more about what community thinks or what people around her thinks.*

Amina is very aware of the subcultural differences of social norms surrounding DVA and divorce acceptance. She uses this to her advantage when providing support, tailoring her approach to what the survivor would be most receptive to. This depth of

awareness requires cultural competency and a lived understanding that can only come from firsthand experience within the culture. Beyond societal norms, Amina takes into consideration each woman's personality and the degree to which she subscribes to her community's beliefs around DVA and divorce. She shares an example of how she would support a woman who is deeply concerned with what is socially accepted. Amina would first address the woman's questions about her husband, as that is likely her primary concern. Once there is clarity on this, she would emphasize the survivor's rights and stress that she does not have to accept DVA. This approach seems effective, as the survivor is more likely to be receptive to this second part after her burning questions regarding her husband have been addressed. A supporter from a different background may be less inclined to spend sufficient time on this first part, as they may not fully understand the cultural factors shaping the survivor's concerns. Lastly, Amina remarks that providing the same information is easier with women who feel less pressured by community perceptions. This further underscores the importance of cultural competency and the nuanced approaches InSs use when supporting survivors. Overall, Amina carefully assessed each survivor's receptiveness to information, adjusting her approach to make it more palatable and helpful, thereby highlighting the importance of evaluating the situation and adapting one's strategy accordingly.

When asked about challenges in supporting her neighbour, Rania recounts explaining the differences in legal enforcement here versus back home:

> *Actually, we, from our back home we have something afraid about uh… You can't call the police for your husband, something like that. And she's in beginning she was scary what happened, what her husband doing for her when she's called the*

> *police about them. She's thinking, I told her here in Canada it's different, here in Canada it's rule and police and everything is it's with you and support you.*

Although we are unsure of which country Rania is referring to, the sentiment that calling the police could make things worse appears to be a shared understanding among many newcomer Arabic-speaking women. This is why her neighbour reacted with fear, both about the police's response and her husband's reaction. Rania addresses her initial concern by assuring her that Canadian laws do not condone DVA, and as a result the police will offer her support. She knows to ease her neighbour's worries by highlighting these two points in particular, as she understands the source of her fear. Her neighbour's second worry about her husband's reaction is widespread, transcending cultural backgrounds, as retaliation for having sought outside support is always a possible reality for survivors. As Rania reflects on the cultural differences, she also comments on divorce which seems to be a complex subject that other women raised during their interviews as well:

> *And also, you know, in our culture it's the women when she's married and she's after that tell her family won't be to divorced with his. It's not acceptable, it's the family work hard to make this relationship it's better. And last chance or last solution its be divorce. Not put the divorce as first solution, put it in last. We keep trying and trying to fix this marriage. If they didn't fix and didn't change after that we divorce with this. It's different about culture, about community, about a lot of things.*

Rania describes the sanctity and family involvement in marriage that is custom in her culture. If problems between husband and wife become too difficult to handle alone,

the family steps in to assist. All options are explored before divorce is considered. Rania's choice of words included 'fixing' and 'solutions', echoing the undertone of Fatima's quote earlier of believing in an underlying problem that can be addressed and solved so that marriage can be upheld. Rania says that they do not consider divorce as a 'first solution', implying that it may be viewed differently in other cultures, perhaps in more Western societies like Canada.

InSs are having to navigate the cultural norms regarding DVA acceptance, police involvement, and divorce to name a few while providing support. As described in "Staying Silent is Safer," the possibility of community backlash exists for individuals, particularly women, who do not conform to these standards. This means that InSs may feel responsible not only for their survivor's safety but also taking into consideration the community's perception and finding ways to mitigate potential points of friction. Navigating the cultural landscape is a delicate balancing act that demands both tact and precision.

4.2.3.4 Maintaining Healthy Boundaries

The final subtheme of this group ties the first three together by demonstrating the necessity and feasibility of establishing boundaries to maintain InS wellbeing. Zainab shares her story of having gone above and beyond to support her friend, only for her friend to still be in the same place as before. Previously, Zainab would visit her friend's house and witness her husband's verbal abuse towards his wife and children. Eventually Zainab realized "I don't feel okay to be at that circle or that energy. So I just took myself away." She assessed her limits, reflected on what she wants to continue tolerating, and set

boundaries to protect her mental health. She did not explicitly state this boundary to her friend but rather enforced it by politely declining invitations to her friend's house.

Having worked in live translation of counselling sessions with torture survivors, Zainab has experienced burnout. She recalls "'I am tired. I can't do any- I can't listen to those stories anymore.' Like my body or emotion was like 'I need a break.'" She has learned from her work experience and compares this to being an InS:

> *But now with a friend I can balance. I can maybe choose when I will, when I have the power or the energy to stay with them. Or I am tired I need to take care of myself first. So that change. And the friend like you don't have, isn't like work from seven maybe for from eight to five, to listen to those or do this kind of work. With friends it's like just maybe once a while or isn't too much as before.*

Zainab finds that being an InS for a friend is more manageable because she can pace herself and decide when to offer support. Since this is not her profession, her emotional resources are less depleted, as she can choose to engage or disengage when needed. Her previous work experience has also resulted in a more conscious effort to listen to her own needs and prioritize self-care. Zainab highlights crucial points for supporters such as valuing boundary setting and self-care which are often neglected. From personal experience Zainab knows the detrimental effects of not engaging in these practices and actively strives to maintain them in her InS roles for her wellbeing.

Boundaries can be more than concrete intentions we set to uphold our wellbeing. Another form of boundary is recognizing that our life is separate from someone else's. It involves mental reminders that we can support others while understanding that their

burdens are not ours to carry. Mariam states “Everybody have many problems in his life. It does not mean that I support her, that I don't have my problems.” Importantly, Mariam recognizes that even though her friend’s issues may be great, it does not diminish the problems that Mariam faces in her own life. Similarly, Fatima is able to mentally separate her life from her sister’s hardship by focusing on gratitude:

> *But sometimes when I just look at my life, I feel that I want to thank God that everything is good in my life. I want to thank my God that I have such a great man, a great family, a great kids. Not a great kids, a little bit (laughs) they are crazy kids but it's okay, yeah. But we are a good family. So I'm just thanking my God that everything is good. When you look in our country, we have [a saying]. Yeah. That when you look to other one’s problem, then you just thank God for your life.*

Fatima reflects on her own life when thinking about her sister’s situation. She laughs about her children as they bring a host of difficulties but settles on gratitude for the life she leads. By voicing these sentiments, she is not diminishing her sister’s adversity but rather recognizing that they lead separate lives by acknowledging her own blessings and thanking God for her good fortune. Perhaps it is easier to embrace these thoughts because they were sparked by the Arabic saying and therefore is less likely to be perceived as insensitive to the survivor’s struggles. This perception of insensitivity may also be true for onlookers to Mariam’s statement about having her own problems, but both women seem to understand that these two truths can be held simultaneously and that they have positive effects on their ability to continue supporting. In fact, both Mariam and Fatima engage in thinking patters that create some distance between the survivor’s

situation and the supporters which can be a healthy coping strategy to not be overcome by their emotional and psychological burden. In summary, maintaining healthy boundaries to protect one's well-being is essential, though it is undoubtedly a delicate balancing act.

5 Discussion

5.1 Examining Hopes and Challenges

This study provides insight into how Arabic-speaking newcomer women are impacted by providing informal support to survivors of DVA. The interviews highlighted several challenges as well as sources of hope and strength that help InS cope and continue in their supporting role. Many challenges that InSs faced were related to their wellbeing. Providing long-term or intense support can become emotionally draining (subtheme = *emotional exhaustion*), affect one's interactions with others (*seeping into personal life*) and consistently expose one to another's suffering (*seeing the survivor suffer*). These factors can have a significant and negative impact on an InSs wellbeing. In fact, helping professionals such as nurses and psychotherapists face similar challenges in their careers which should not be taken lightly as they are a key contributor to burnout (Hjörleifsdøttir et al., 2024; Simionato & Simpson, 2018). Another commonality that proved difficult for InSs was making decisions on how to best support someone due to the potential consequences of those actions. In the theme *staying silent is safer* InSs constantly assessed whether their supportive actions would make things worse for themselves or the survivor. *Cultural considerations* also included decision-making based on cultural and contextual factors to enhance the likelihood that the information and support provided would be well received by the survivor. Consistently assessing ambiguous situations and making difficult decisions requires significant cognitive effort and energy. Although this facet is less emotionally draining, the cognitive toll may impact an InSs ability to provide long-term support. Recognizing these challenges is essential, as they highlight the emotional and cognitive burdens carried by InSs and the need for appropriate support to help them preserve their wellbeing.

Interestingly, most InSs did not have clear answers to questions about how they maintain hope or where they draw strength from. However, throughout the interviews, participants expressed worldviews that provided a sense of stability amidst the chaos of supporting someone, offering them something to believe in. These *foundational beliefs* ranged from a belief that everyone deserves a good life, to there being a root cause to abuse which can be rectified. Amidst the lack of control, these beliefs provide a grounding sense of guidance and hope that the survivor's circumstances will eventually improve. By detaching from the immediacy of their role, InSs gain a more hopeful and objective perspective on their influence over the outcome. This serves as an effective self-preservation strategy, as creating cognitive distance helps reduce both emotional intensity and duration (Ayduk & Kross, 2010). Similarly, one participant referenced an Arabic expression that emphasizes voicing gratitude for one's own life when witnessing someone else's issues. This is another effective cognitive distancing strategy, both in content and affect, as gratitude evokes positive, hopeful feelings about one's own life despite another's suffering. In the subtheme *maintaining healthy boundaries* InSs gain a sense of control. For example, when InSs could determine how and when they interacted with survivors it provided them with a sense of control over their involvement and allowed them to take care of their own wellbeing. Maintaining boundaries does not diminish the support provided; rather, recognizing and respecting one's limits is a responsible and relationally authentic approach to supporting others (Jordan, 2008). Overall, cognitive distance and a sense of control were indicators of InSs' ability to support survivors long-term without losing hope or strength to continue.

Themes identified were not categorized into strengths and challenges in the analysis as sometimes they were opposite sides of the same coin. For example, the theme titled c*entering the survivor as the main character* explores how InSs recognize the limits to their supporting role, acknowledging the agency of survivors. This act of bearing witness and creating an emotional holding space for the survivor to make their own decisions is a foundational counselling skill (Blackwell, 1997). On one hand it can be challenging, as it underscores that InSs cannot invoke significant change. Both interviewees' excerpts reflect a desire to help more but are held back by the survivor's lack of readiness. This can be discouraging, as an InS may have a clear plan for support but feel stuck and ineffective without the survivor's readiness to engage in action. On the other hand, knowing that the survivor has control and that you are there to support their needs rather than craft a plan can be freeing and result in the hope and strength to continue providing support to this individual. Removing the burden of responsibility for fixing the situation is a source of relief and creates cognitive distance between the InS and the survivor's situation. Similar to the sources of hope and strength identified earlier, this cognitive distance is needed to maintain perspective, both of their role as a supporter and their degree of influence. The subtheme around boundaries is framed in a strength-based way, describing it as *maintaining healthy boundaries*. However, it is important to know that acknowledging one's limits, creating, and maintaining boundaries requires continuous, intentional effort (Jordan, 2008). If boundaries are non-existent or become blurry, supporting may become a challenge as some participant excerpts expressed. Therefore, boundaries may provide control to the InS which is a source of strength, but maintaining these boundaries may simultaneously be a challenge.

5.2 Women's Drive to Help Others

The element of most commonality between all participants in this study was their motivation to help others. We had 94 women take time out of their lives to fill out a survey about providing support to women who have experienced DVA, and six agree to have additional interviews about the topic. Knowing that a prerequisite to receiving this survey link was to have taken part in the center's peer leadership program, these women have demonstrated dedication through their willingness to learn how to best help others. The survey showed that some women supported up to seven different people, while others have provided long-term or long-distance support to a few. Figure 2E (see Appendix E) illustrates the barriers women may encounter when taking on helping roles, while the interviews offer deeper insight into the toll of providing support. Despite the long list of challenges, these InSs are determined to provide support when they can.

Understanding the source of InSs' drive to help is complex as there are many factors that could influence motivation. Gender identity, religious teachings, and cultural influences are all facets that may play a role in why these women are inclined to help. As previously mentioned, women-identified individuals are disproportionately affected by DVA, a phenomenon that is steadfast around the globe (WHO, 2024).

5.2.1 *Shared Experiences*

One reason for why women support other women is because they know what it's like to live under oppression in a patriarchal system. Whether through personal experience or collective history, they understand the fear, silencing, and power imbalances that shape women's lives. This shared knowledge creates a deep sense of solidarity – when one woman suffers, all women feel the weight of that injustice. This

sentiment is reflected in a quarter of the women's responses, where they expressed their desire to take a stand against gender-based violence and "zulm". This demonstrates that helping one another is not merely an act of kindness, but it is an act of resistance against oppressive systems.

5.2.2 *Shared Faith*

Another motivating reason may be their faith. All participants have accessed the community agency, a center open to people from all backgrounds but advertised as serving Muslims, making it likely that many participants are Muslim. Caring for one another, solidarity, and mutual support are emphasized in the Qu'ran, and the idea of sisterhood is deeply rooted in Islam. Some participants noted that helping others is a "duty", possibly referring to it as a religious obligation.

5.2.3 *Shared Culture, Include the Culture of Being a Woman*

During some interviews participants referred to the friends they are supporting as sisters or family, perhaps relating to them through this deeper sense of sisterhood. Sisterhood is seen as a duty completed in faith to care for others who are suffering. Furthermore, cultural influences may play a role in why women support survivors of DVA. Although cultural aspects may vary by region of origin and upbringing, as a collective there are many similarities in values that bind these Arabic-speaking women together. The most relevant is their collectivist worldview which prioritizes group identity and social stability over personal gain (Triandis, 2001). Collectivism includes aspects such as a shared responsibility to care for one another, as everyone's wellbeing affects the group and is therefore a collective concern (Triandis, 2001). The word "responsibility" was often mentioned throughout the survey and sometimes in the

interview, possibly reflecting this notion of a collective responsibility. Arabic-speaking regions also emphasize a shared sense of sisterhood, similar to the religious sisterhood described above. Given the overlap between faith-based, community-based values, and even gendered priorities, it is important to address the intersection of these women's identities when assessing their motivations to being an InS.

Providing help to others is a gendered phenomenon due to the patriarchal structures inherent in many societies, including Canada. Participants used various terms to describe their motivations for being an InS, with some referring to it as duty, others an obligation, some as a calling, and others as a source of personal purpose. Ultimately, all women expressed a desire to help, regardless of discomfort or the absence of personal gain. In patriarchal societies, women are often expected to assume roles as caretakers and caregivers due to the cultural perception of women as more nurturing and emotionally attuned than men (Friedemann & Buckwalter, 2014). These traits, however, are often taken for granted, as they are seen as inherent, biological qualities rather than roles they have been socialized to perform, as per social role theory (Eagly & Wood, 2012). This expectation for women to provide care without receiving anything in return reinforces the gendered nature of caregiving, framing it as an obligation rather than a choice or a role that warrants reciprocal support. Phrases such as "She's younger than me. So [I] just feel it's my responsibility that I have to manage everything" highlight the caretaking role Mariam assumes due to her friend's age, without expecting anything in return. The words "responsible" or "responsibility" appeared in 21% of participants' accounts in the survey, echoing the strong sense of duty and obligation felt by the women to care for others. Zainab directly addressed this point, linking it to the importance of self-care:

> *And in our culture, we used as a female we have to give, to be a giver. As a mom or female in our community also it's one of the point: 'the mom has to give, the mom should take care of husband, should take care of children'. We forget to teach her like to take care of herself first maybe.*

Zainab speaks to her culture and the requirement for women to "be a giver" which highlights the intersection of being a woman and from an Arabic culture. While many other identities influence women's intrinsic motivation to be an InS, it is essential to acknowledge that providing support is inherently gendered in society.

5.2.4 *Barriers and Pathways Forward*

People want to help, and their help is necessary because there are many barriers to access survivors face as immigrants to Canada. Seeking formal support within Canadian systems may be out of reach for many Arabic-speaking newcomer women due to both language proficiency challenges and cultural differences. For example, 64% of survey participants chose to answer in Arabic at least some of the time, and four out of six interviewees requested a translator present. Language is a significant barrier to understanding what social services exist, how they function, and receiving care. Rania stressed the importance of being able to communicate independently and that learning English is the first piece of advice she gives to every woman. Consistent with previous literature (Abu-Ras, 2003; Oyewuwo-Gassikia, 2016; Wachter et al., 2021) lack of language proficiency is a major barrier to accessing formal supports as they are more difficult to navigate. This underscores the importance of both InSs who can provide personal support in the survivor's mother tongue, and community agencies, which can equip InSs with the tools to effectively navigate Canadian systems.

Beyond language, cultural differences in help-seeking also shape access to formal support. Rania recalled assisting a survivor who hesitated to call the police due to a different relationship with law enforcement in her country of origin**.** Fatima noted that she was unaware of any agencies supporting DVA survivors in her home country, as family, rather than professional services, is expected to provide help. These experiences, echoed in existing literature, illustrate that seeking formal support may not have been considered by survivors or their supporters, whether due to unfamiliarity with Canadian systems (Ghafournia & Esteal, 2021), lack of awareness that these services exist (Afrouze et al., 2018; Ghafournia & Esteal, 2021; Wachter et al., 2021), or the perception that DVA support is a family responsibility rather than a professional one.

Additionally**,** cultural values may contribute to hesitancy in seeking formal support. Rania stressed that, in her culture, divorce is viewed as a last resort. With Canada's divorce rates among the highest in the world, it may give the impression that divorce is seen as the default response at the first sign of marital conflict. If survivors fear that Canadian professionals will encourage separation rather than supporting reconciliation, they may be reluctant to seek help through formal avenues. This is in line with Afrouze and colleagues (2018) who identified a perceived lack of culturally sensitive services to be a contributing factor to the hesitancy in seeking out formal services. In this context, support from InSs who share survivors' cultural background and values is therefore essential in ensuring survivors receive meaningful care that is not perceived as imposing an external agenda.

Informal support is not just a preference but a necessity, given the multiple barriers survivors face in accessing formal systems. While many community members are

inherently motivated to help, they need guidance and resources to do so effectively and in ways that maintain their own health and safety. Community agencies can play a crucial role in providing this support, equipping InSs with the tools and knowledge needed to offer effective assistance. Agencies that share the same cultural background and values as InSs are particularly valuable, addressing cultural norms and perspectives that might otherwise be overlooked. InSs who have been socialized in Canada for longer can also serve as key navigators, as they are better equipped to understand both the language and cultural differences at play, while benefiting from the guidance of agencies familiar with their unique cultural context.

5.3 Personal Reflections

Embarking on this project I critically examined my research from the lens of a researcher and that of a new therapist. This ongoing reflection was important to navigate the complexities of translation, analysis, and meaning making while striving to represent participants' voices authentically and ethically. Balancing these dual perspectives allowed me to remain aware of both the methodological rigor required in research and the person-centered understanding essential in therapeutic practice. This reflexive approach helped me critically assess how my interpretations were shaped by both roles.

5.3.1 *Reflections as a Researcher*

Undertaking this project, I thought a lot about what it means to accurately present someone’s experiences after they have been shared with me. Every time a story is retold, there is a risk of misrepresentation or misinterpretation. The more directly we can hear from the person sharing their experience, the more authentically we can understand it. Working with a translator for the first time I became acutely aware of the nuances in

communication that I missed while listening to the women speak in Arabic. For example, I was unable to pick up on the voice inflections and tonality that indicate emotionality or subtleties in meaning, which impaired my ability to fully grasp the participant's affect unless explicitly stated by both participant and translator. Words carry nuanced meanings, and every synonym has a slightly different connotation, making it difficult to find a perfect counterpart in English. I also could not follow up on specific words used as I was receiving their translation, and since every translation involves a degree of interpretation, I cannot be sure whether the English terms accurately conveyed the participant's original intent. Furthermore, sometimes participants provided lengthy responses making it difficult for the translator to capture all aspects of what was said. While breaking down these responses into smaller parts might have improved translation accuracy, it also risked disrupting the flow of the participant's narrative, potentially resulting in shorter, less analytically rich answers.

To address this, the translator and I held a meeting where she had the opportunity to revisit and translate some of the longer responses. This session revealed the translator's own interpretation of the participant's worldview and emotional undertones, aspects that would have been difficult to convey live and I could not have understood without her cultural affinity. Reflecting on this, I noticed how much influence the translator's interpretation has on my analysis of what the participant has said, both in live translation and the ensuing discussion. Despite being in the same space as the participant, I am removed by one degree from the source in making sense of their story due to the translation, which impacts my ability to understand and express a community's experience.

Another reflection I had was on the power I held as the researcher. For example, when leading semi-structured interviews I had significant control over the conversation including the ability to ask leading questions that could elicit specific answers. As I started my analysis, I became acutely aware of the potential risks in interpreting responses. If I had chosen to take participants' words at face value or out of context, without considering cultural nuances or the fact that some women were expressing themselves in a second language, my analysis could have misrepresented the community. Striving for cultural competency and critical self-reflection were paramount components to maintaining integrity throughout the research process, particularly during data collection, analysis, and interpretation. Given the long history of research that has often misrepresented marginalized communities, I remain acutely aware of the potential consequences of my work. This experience reinforced the complexity of presenting other communities' stories authentically and highlighted the ethical responsibility I have to reflect on my own biases when amplifying voices from cultures and languages that are not my own.

5.3.2 *Reflections as a Therapist*

5.3.2.1 Identity's Influence on Interviews

My perspective on this thesis was largely shaped by my journey toward becoming a therapist. I found several aspects of this study relevant to the counseling space and benefited from viewing them through a therapeutic lens. Something I reflected on often was how my presentation is perceived by the interview participants. Although I am a woman of colour, I do not appear Arabic, have an accent, or wear any visible religious

markers. These differences likely influenced how participants shared their experiences and the information they chose to disclose.

There were moments during the interviews when I sensed that participants emphasized certain aspects of their stories or culture in ways they might not have with an interviewer who shared their background. I believe these emphasized details served two purposes. First, they were an opportunity to educate me about their worldview and culture. Providing additional context helped deepen my understanding and ensured I would represent their narratives accurately. Second, I sense a desire to present their culture in a positive light. Strong stereotypes about Muslim women persist, and because the West often conflates Muslim identity with Arabic ethnicity, even those who do not practice the faith are impacted. A particularly pervasive view is that Muslim women are forced into submission by their religion and men, contributing to higher rates of DVA. The stereotype of all Muslim women being voiceless, oppressed, and confined to the home without education remains widespread. These prejudiced views make seeking formal sources of help in Western countries even more difficult, as they can result in dismissive attitudes that blame and invalidate women's experiences. The participants in this study knew their words might be quoted and published, which made them cautious about what they shared. They understood that, based on my interpretation of their words, their interview could lead to negative publicity, potentially drawing unwanted attention to their community and increasing the threat of Islamophobia. This protective instinct reflects a collectivistic mindset, aimed at shielding their community from negative attention and harm.

5.3.2.2 Redefining Faith

When contemplating where this population of InSs might draw hope from, I initially thought of their faith. However, I was surprised to find that Allah and religious sentiments were not prominent in the interviews. While religion was mentioned occasionally, it was only once that a participant directly connected it to their way of coping. That being said, I created a theme around *foundational beliefs* which reflects people's beliefs about the world, which can certainly include faith. What I realized is that faith and beliefs about the world don't always have to be religious, even though they are often discussed in that context. Faith, depending on how it is defined, extends beyond belief in a higher power and religious guidelines. It can encompass any deeply held conviction and does not belong to religion alone. Rania, for instance, repeatedly expressed her belief that everyone "deserves a good life". She states that this core belief transcends differences in identities including religion and ethnicity. As a new therapist, this insight sparked my curiosity about how non-religious beliefs can help individuals overcome obstacles and maintain hope. In my counseling sessions, I became more attuned to noticing these beliefs and incorporating them into our conversations when beneficial. This realization not only broadened my understanding of faith but also deepened my appreciation for the diverse ways individuals find strength and hope.

5.3.2.3 People are Inherently Resilient

The purpose of this project is to identify how InSs are impacted by their role as supporters. Impact includes everything from the challenges they face to the lessons they may learn throughout the process. As a therapist I was particularly intrigued by their coping strategies and impressed by the inherent ways in which they navigate difficulties.

Coping with life's challenges is likely one of the main reason people attend therapy. While therapists teach coping skills or help clients build capacity to face these challenges, we often forget that strategies like reframing or cognitive distancing are simply modern terms for practices people have used for millennia. Observing how some of the participants' thought patterns are essentially cognitive distancing techniques, as highlighted earlier in the discussion, serves as a humbling reminder of this. It is also inspiring to witness the inherent resilience individuals demonstrate as they confront their challenges. This serves as a reminder that therapy, while a valuable resource, is ultimately a tool designed to support individuals in fostering their resilience. The answers on how to do this often reside within them, they simply require guidance sometimes to access these internal resources.

5.3.2.4 Self-Preservation

I believe the reason *A Balancing Act* resonated so strongly with me is because I see direct parallels between this theme and my own experiences. Both InSs and therapists play supportive roles for individuals navigating hardship, which is why I identify with many of the insights shared in the interview. One example is boundary setting. Several participants shared instances where offering advice had unintended negative consequences, leading them to recognize the importance of refraining from providing advice and instead focusing on offering support in other ways, regardless of whether the survivor actively asks for advice. I have encountered similar challenges in my own therapeutic practice, where clients may insist on receiving advice, and maintaining that boundary can be difficult, particularly when I believe advice could be beneficial. Setting clear boundaries regarding the type of support one provides, and knowing when to

refrain, is essential to ensuring that one does not overextend themselves. As supporters, we often cannot predict the boundaries we will need to establish, which makes it essential to reflect on our experiences to proactively set boundaries when needed. This is precisely what several participants did after evaluating the consequences after offering advice, and it is something I will continually address throughout my career as a therapist.

Establishing boundaries around time is crucial for self-preservation. A common saying among therapists is "You can't pour from an empty cup," emphasizing the necessity of engaging in self-care, rest, and energy-restorative activities. These activities require time, which is often scarce and must be safeguarded, underscoring the importance of boundaries related to time. Several InSs noted the significance of carving out time for themselves, yet many quickly followed this by listing their responsibilities and that lack of time for self-care. This is a common response that I hear among therapists, clients, and from myself sometimes. However, providing long-term support to others can be demanding, and it is essential to allocate time for personal recovery to ensure we can continue offering effective support to others. It would have been inappropriate for me to raise the importance of self-preservation during the interview; however, this is precisely why I am hopeful about programs like the one developed by the community agency, as they remind individuals that they cannot provide support unless they first prioritize their own well-being. To my delight, Zainab expressed a similar sentiment when asked how the community agency can support her in her role as an InS. Recalling the challenges she faced she stated "Maybe the education, how to take care of ourselves first. Because this was also one of the points. I got it like through myself. Sometimes we support others and we forget ourself. Or to start with our self-care." Personally, balancing self-preservation

with providing therapeutic support, alongside the other aspects of my life, remains an ongoing process. I recognize that this is something I will need to consistently address throughout my career, much like the InSs who navigate the various demands in their lives.

5.3.2.5 Non-Directive Approaches and Sustainable Change

Another parallel I've observed between my role as a therapist and those of InSs is the necessity of assessing someone's readiness for change. Readiness for change is based on the transtheoretical model (Prochaska et al., 1992) and outlines different levels of a person's readiness to take action. Listening to some of the InSs discuss their experiences attempting to help a survivor leave their abuser or make changes in their life, only for these efforts to backfire, suggests that the survivors were likely still in the contemplation or precontemplation stages of change. Following these events, the InSs adjusted their approach, shifting to focus more on active listening and providing support rather than taking a leading role. I believe this tactic change is a perfect example of why a person-centered therapeutic approach is so effective in. Person-centered therapy is non-directive, focuses on unconditional positive regard, empathy, and emphasizes a client's own potential, which translates into meeting the client where they are at. While change may occur more slowly, it is likely to be more sustainable if the individual is ready when they take action, as they are more likely to succeed in maintaining that change. Reflecting on the InSs experiences, I gained insight on the value of person-centered therapy and how directly related readiness of change is to making sustainable progress. It is a consideration I will keep in mind in the future when working with clients with whom I might feel inclined to be more directive, reminding myself that they must reach their own

conclusions on their own timeline, and that rushing the process will not foster sustainable change.

5.4 Working in Partnership

Collaborating with the community agency was invaluable. It would have been significantly more challenging to engage with this population without the support of this partnership. Large, formal institutions, such as universities, can often appear unapproachable to marginalized communities, particularly due to the historically questionable nature of research involving these populations. As such, the partnership with the community agency played a crucial role in shaping and enhancing the research conducted.

5.4.1 *Building Trust*

A significant advantage was that, due to the community organization's previous peer leadership program, they possessed the contact information of all participants who had either supported or expressed interest in supporting survivors of DVA in their community. Had we undertaken this research independently, recruitment would have been considerably more challenging, and the number of participants would likely have been much smaller. Another advantage was that participants had already developed trust in the community agency, fostered by the shared cultural alignment and the strong relationships the two facilitators had cultivated with the women involved in the program. This pre-existing trust increased the likelihood that they would extend their trust to me as an outsider, confident that I would conduct the research with their best interests in mind. These interviews included questions with potentially vulnerable answers, and I believe the quality of responses participants gave reflected a significant level of vulnerability. I

suspect this level of openness might not have been as readily expressed without the community organization's affiliation with the research project.

Collaborating with the community agency provided the benefit of having one of their contacts offer both written and live translation for the larger project. Four interviews were conducted with the translator present; three participants required full translation, while one only needed assistance with certain words. All interviewees knew the translator from the peer leader program as she was one of the co-facilitators. Several key advantages were associated with having a familiar translator present. Women could process the interview questions in their native language and answer more authentically, without the added concern of translating into English. This increased the likelihood of participants sharing difficult topics that might otherwise require too much mental effort or energy to articulate in English. Having a trusted, familiar translator also increased the likelihood that participants would feel confident in the accuracy of the translation and be comfortable sharing sensitive information within the space. It is likely that if the translator was a stranger, the level of comfort and trust would not have been the same, potentially limiting the depth and authenticity of the interviews. This highlights the importance of the established trust, where participants' confidence in the community agency and translator naturally extends to me as the researcher and the research I conduct.

5.4.2 *Translator Considerations*

There are a few potential drawbacks of having a translator from the community agency versus a professional translator present in the interview space. One concern is that participants may have been hesitant to provide constructive criticism or suggest

improvements to the community program, given that the translator was a co-facilitator in this program. Another drawback was the increased likelihood of side conversations between the translator and participant extending beyond the customary pleasantries exchanged at the beginning and end of the interview. Parallel conversations during the interview process, in which the interviewer is not involved, make it challenging to guide the discussion effectively. Without oversight of the follow-up questions being asked, I had no way of knowing whether they were leading or if the conversation was unintentionally steered in a particular direction. The final consideration is that some women's responses were so lengthy that it is likely certain details were missed in translation. A professional translator, trained in interpreting extended responses, would have been better equipped to capture the full depth of their answers. Overall, I do not believe that having a translator familiar to the women through the community agency significantly impacted the integrity of the study. In fact, the benefits of their trust in her outweighed any potential drawbacks.

5.5 Supporting Informal Supporters

As noted in the literature review, community-based approaches are well-equipped to address challenges because they have deep knowledge of their own communities. Culturally aligned organizations, in particular, foster trust and enhance access to vital resources by leveraging shared identities, values, and language. The partnered community organization exemplified this through its peer leader program, as reflected in the participants' responses. The following sections present recommendations on how to best support InSs to DVA survivors from both participants and the author based on the insights gained from this project.

5.5.1 *Equipping Supporters*

The survey data revealed two primary barriers women faced when engaging in or considering informal support: a lack of knowledge on how to provide support effectively and personal discomfort (see Figure E2, Appendix E). Addressing both factors is essential to fostering strong peer support. Based on program feedback, the community agency excelled in providing psychoeducation and information on DVA-related topics, equipping InSs with the knowledge to offer effective support. Providing these tools not only enhances the quality of support but also builds confidence, increasing the likelihood that InSs will continue helping others in the future. With 1 in 3 women experiencing gender-based violence (WHO, 2024), providing psychoeducation on DVA can be instrumental in improving – or even saving – the lives of the participants themselves. The second challenge mentioned was personal discomfort, which is an unavoidable aspect of the work but deserves attention and guidance on how to navigate. Understanding the impact of being an InS is crucial, even if discussing it risks discouraging individuals from the role. This study highlights how the InS role affects well-being, and awareness of this allows InSs to prioritize self-care and provide support only when they have the capacity.

Other factors to consider are the potential challenges InSs may face when choosing to support a survivor. The theme *a balancing act* outlines several nuanced experiences of being an InS including the impact of intense emotional labour (subtheme = *emotional exhaustion*), the difficulties of fully disengaging from the supporting role (subtheme = *seeping into personal life*) and the changes to the interpersonal relationship with the survivor. It is important to help people understand what to expect so they can

enter the role with awareness, recognize potential challenges, and equip themselves with strategies to take care of themselves. As captured in the final subtheme, maintaining healthy boundaries is essential for addressing many of these challenges. Educating InSs on what boundaries are, how to set them, and their importance would be invaluable to their well-being. Clear boundaries not only protect InSs from burnout but also enhance the quality of support they provide. In addition to boundaries, self-care is vital for supporters, as it is often neglected. Teaching about self-care and brainstorming practical ways to integrate it into their busy lives not only helps them become better InSs but also promotes their overall well-being. Given the intersectionality of this population, these women are less likely to prioritize themselves. Therefore, consistently reinforcing the importance of self-care is crucial to ensure they fully grasp its significance. Using metaphors such as "you can't pour from an empty cup" or culturally relevant alternatives may be particularly effective, as caregiving is deeply ingrained in several of their identities. Overall, the challenges InSs face will vary, but they can be better prepared if they know what to anticipate and how to respond.

5.5.2 *Community Recommendations*

In addition to recommendations for InSs to learn, reflect, and engage in independently, there are also key actions that community agencies can take when designing programs and support systems for InSs.

Several participants expressed that having a space to connect with other InSs would be valuable. One participant suggested an interactive element, such as a “funny activity,” to help navigate the difficult emotions that come with being a supporter. Another echoed the need for a drop-in space where they could engage in activities and

share their thoughts with one another. Regardless of whether through conversation or activities, a common theme emerged—InSs wanted to stay connected with each other on a regular basis. A dedicated space for connection is important to the women because this is "happening for [them] every day." Notably, InSs specifically seek time with their peers rather than with a professional, reinforcing the effectiveness and value of peer support in general. Therefore, it is recommended that in addition to stand-alone programs there be an organized and ongoing space where InSs can regularly come together, connect, share their experiences, and engage in activities. For instance, engaging in self-care activities as a group could help normalize the importance of taking care of themselves. Doing so collectively may also reduce the social stigma, making it feel less taboo or selfish to prioritize one's needs. Overall, it is recommended to provide InSs with a safe space to connect, as this would both strengthen their community as a whole and support their individual well-being.

Another recommendation, which the partnered community agency has brilliantly implemented, is to provide culturally integrative services. As seen in the subtheme *cultural considerations*, individuals who do not share the survivor's cultural background may overlook important nuances when offering support. The strength of having a community agency that shares their background is its ability to both recognize and integrate these cultural intricacies into programming. This approach makes topics more approachable, relevant, and useful in addressing the questions InSs have about the support they provide. Examples of insights that a typical professional from outside the community might lack include an understanding of the subcultures within Arabic immigrant communities and their societal norms, awareness of how police operations

differ in Canada, and sensitivity to the topic of divorce. Even if they were aware, suggesting divorce as an option as a white Canadian would likely have a different impact as it would if it came from someone who shares their background. Furthermore, agencies have the ability to create programming tailored to their specific clientele, a flexibility that larger corporations or services may not have the luxury to provide. An example of what the partnered community agency incorporated into their programming was the 5 Alifs, an alliterative mnemonic for principles of peer support, as 'Alif' is a letter in the Arabic alphabet. Using customized, appropriate tools to engage women makes the information more accessible. This is a significant key advantage of community-centered approaches, which can address needs that larger services may overlook or be unable to meet.

5.5.3 *System Recommendations*

Although participants did not directly address this aspect during the interview or survey, it is important to acknowledge the structural factors involved in launching and supporting programs like this. Community agencies are well-equipped with the knowledge and desire to implement this kind of work, but without adequate funding, their efforts are severely limited. The partnered organization, along with similar agencies, does not receive core funding. Instead, they must piece together a patchwork of time-limited grants, consultancies, projects, initiatives, and partnerships. Simply organizing and applying for these funding sources is a labour-intensive and time-consuming process. Often, these agencies spend so much time securing funding that it detracts from their ability to focus on meaningful implementation work, when their energy should be directed toward delivering impactful programs and services. In my view, some of this funding should come from the government, as community agencies are best equipped to

serve their communities and are working directly with the people the government is responsible for supporting.

The partnered organization is an advocacy and culturally integrative service agency focused on helping individuals, families, and communities overcome challenges, manage conflict, and ensure safety and wellbeing. This important work plays a vital role in the integration of immigrants. While government-owned organizations may not be able to replicate the unique impact and resonance that community agencies have with individuals, this should not diminish the importance of government funding for these agencies. With stable and reliable funding, community agencies would be able to prioritize program development and delivery, rather than allocating significant time and resources toward securing grants and managing financial constraints. This would strengthen their capacity to engage in more impactful and meaningful work.

Lastly, working within networks on a larger scale is also essential. While DVA is already being addressed across communities, the missing piece seems to be the value and importance of peer supports and how communities can best support InSs. Withholding effective solutions from those who could benefit from them results in inefficiencies and the misallocation of valuable resources, including time and funding. Collaborations between agencies specializing in newcomer integration and those focused on advocacy and education would greatly benefit from knowledge-sharing and coordinated efforts. Through the Ontario Council of Agencies Serving Immigrants (OCASI) and its networks, it may be possible to connect with nonprofits across the country engaged in this work to facilitate knowledge-sharing, partnerships, and collective mobilization. Organizations such as the National Council of Canadian Muslims and the Muslim Association of

Canada work to support Muslim communities across Canada and would all benefit from programs that equip InSs to support DVA survivors. By fostering cross-sector collaboration and knowledge-sharing, communities can enhance the effectiveness of peer support networks and ensure that InSs receive the recognition and resources they need to sustain their vital work.

5.6 Future Directions

This research aims to help the partnered community organization better understand how they can support the current InSs who are supporting DVA survivors. The next step is to use the insight gleaned from this study to co-design a program in partnership with the community agency, pilot it, and evaluate its impact. Recognizing that local communities are best equipped to provide tailored, culturally integrative services without imposing one-size-fits-all solutions, and given the proven effectiveness of peer support, establishing pathways for collaborative co-design within communities is a fitting approach. The broader long-term goal is to inform future collaborative efforts for peer-support networks working alongside diverse populations. By following the leadership of these communities who are deeply attuned to their members' needs, we hope to shift away from solely top-down design and implementation strategies to co-creating individualized services in local communities.

5.7 Conclusion

Informal social support plays a crucial role in the lives of DVA survivors, particularly for marginalized individuals who may face barriers to accessing and benefitting from formal support systems due to cultural, linguistic, or systemic constraints. While existing research largely focuses on the needs and help-seeking

behaviors of survivors, there is a pressing need to understand the experiences of InSs and the emotional, social, and structural challenges they encounter in their supportive roles. This project addressed this gap by examining the subjective experiences of Arabic-speaking newcomer women who provide informal support to DVA survivors. It explored not only the personal impacts of offering such support but also the sources of hope and resilience that sustain these women in their roles. The findings highlight the complexities of informal peer support, revealing both the burdens and the strengths that emerge in these relationships. Importantly, the study's implications underscore the necessity of community-driven, network-oriented approaches to supporting InSs. By fostering culturally responsive and sustainable support structures, communities can better safeguard the well-being of InSs, ensuring that they are not left to navigate their roles in isolation. These insights contribute to a more holistic understanding of DVA support systems, advocating for inclusive strategies that recognize and reinforce the invaluable contributions of informal peer supporters.

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Appendices

Appendix A

Western Research

Date: 29 August 2024

To: Dr. Susan Rodger

Project ID: 124873

Study Title: Working in the London Muslim Community: Peer Supporters for Women Experiencing Gender-Based Violence

Application Type: NMREB Amendment Form

Review Type: Delegated

Full Board Reporting Date: 06/Sep/2024

Date Approval Issued: 29/Aug/2024 22:02

REB Approval Expiry Date: 24/Jul/2025

Dear Dr. Susan Rodger,

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the amendment, as of the date noted above.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Survey - Arabic Translation	Translated Documents	28/Aug/2024	1
Survey LOI - Arabic Translation	Translated Documents	28/Aug/2024	1
Interview and Focus Group Recruitment - Arabic Translation	Translated Documents	28/Aug/2024	1
Recruitment Script - Arabic Translation	Translated Documents	28/Aug/2024	1
Recruitment Poster - Arabic Translation	Translated Documents	28/Aug/2024	1

REB members involved in the research project do not participate in the review, discussion or decision.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Dr. Trevor Bieber, Research Ethics Officer on behalf of Dr. Isha DeCoito, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix B

Peer Support for Women Experiencing Domestic Abuse

Q1 What is your age?

- ○ 18-24 years (1)
- ○ 25-34 years (2)
- ○ 35-44 years (3)
- ○ 45-54 years (4)
- ○ 55-64 years (5)
- ○ 65+ years (6)

Q2 How long have you been in Canada?

- ○ Less than 1 year (1)
- ○ 1-2 years (2)
- ○ 3-5 years (3)
- ○ 5-10 years (4)
- ○ 10+ years (5)

Q3 What is your country of origin?

_____

Q4 What is your status in Canada?

- ○ Canadian citizen (1)
- ○ Permanent resident (2)
- ○ Work permit (3)
- ○ Refugee (4)
- ○ Student visa (5)
- ○ Other: (7) _____

End of Block: Demographics

Start of Block: Providing Support: Overview

Q5 Have you ever had a woman disclose to you that she has experienced domestic violence?

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

Q6 Have you provided support to women who have experienced domestic violence?

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

Q7 If yes, in what context have you supported these women? (Select all that apply)

- ☐ Locally, within Canada (1)
- ☐ Remotely, within Canada (2)
- ☐ Remotely, abroad (3)

Q8 How many women have you supported since you began providing informal support?

_____

Q9 How frequently do you offer support to each woman experiencing domestic violence? (Select all options that best reflect your level of support)

- ☐ Immediate, one-time support (1)
- ☐ 3-5 interactions (interaction examples could include a phone call, a walk, or a lunch invitation) (2)
- ☐ 5-10 interactions (3)
- ☐ Long-term support (4)

Q10 How would you rate your comfort level with providing support to women who experience domestic violence?

	Not comfortable at all (1)	Not very comfortable (2)	Somewhat comfortable (3)	Comfortable (4)	Very comfortable (5)
Comfort level (1)	○	○	○	○	○

End of Block: Providing Support: Overview

Start of Block: Providing Support: Actions

Q11 What is your relationship to the individual(s) you support and/or have supported in the past? (Select all that apply)

- ☐ Parent (you are the parent supporting your child) (1)
- ☐ Child (you are the child supporting your parent) (2)
- ☐ Sibling (3)
- ☐ Extended family member (4)
- ☐ Friend (5)
- ☐ Neighbour (6)
- ☐ Coworker (7)
- ☐ Other: (8) _____

Q12 In your experience, what does it mean to support a woman who has experienced domestic violence? (Select all that apply)

- [ ] Giving advice (1)
- [ ] Exploring options (2)
- [ ] Confronting the abuser (directly or indirectly) (3)
- [ ] Active listening (4)
- [ ] Sharing information and resources (5)
- [ ] Involving formal supports (police, social workers, etc.) (6)
- [ ] Accompanying them to access formal supports (7)
- [ ] Praying for them (8)
- [ ] Offering financial support (9)
- [ ] Providing shelter (10)
- [ ] Other: (11) _____

Display this question:

If Q12 = Giving advice

Q13 Since you chose 'giving advice' in previous question, which advice do you typically provide to women experiencing domestic violence? (Select all that apply)

- ☐ Personal advice (based on cultural values, religious beliefs,, social norms, etc.) (1)
- ☐ Legal advice (Canadian laws, legal processes, etc.) (2)
- ☐ Advice surrounding public resources (women's shelter, crisis lines, etc.) (3)
- ☐ Suggesting actions they should take next (4)
- ☐ Other: (5) _____

Q14 Based on your knowledge, what happens when a woman visits a shelter?

_____

Q15 Based on your knowledge, what happens when a woman goes to the police to report domestic violence?

_____

End of Block: Providing Support: Actions

Start of Block: Providing Support: Decision Making

Q16 When would you provide support? When a woman is being ____ abused. (Select all that apply)

- [ ] Financially (1)
- [ ] Physically (2)
- [ ] Verbally (3)
- [ ] Emotionally (4)
- [ ] Sexually (5)
- [ ] Spiritually (7)
- [ ] Other: (6) _____

Q17 Have you experienced any of the following obstacles when you have provided support to women who experience domestic violence? (Select all that apply)

- ☐ Financial burden (1)
- ☐ Lack of knowledge (of the situation or how to help) (2)
- ☐ Impacts on your mental health (3)
- ☐ Geographic distance from the woman you are supporting (i.e. living far away from them) (4)
- ☐ Threat to your reputation and/or status in the community (5)
- ☐ Threat to your personal relationships (6)
- ☐ Threat to your physical safety (7)
- ☐ Personal discomfort (8)
- ☐ Other: (9) _____

Q18 What concerns have you had when contemplating whether to provide or continue to provide support to women who experience domestic violence? (Select all that apply)

- ☐ Potential financial burden (1)
- ☐ Potential lack of knowledge (of the situation or how to help) (2)
- ☐ Potential impacts on your mental health (3)
- ☐ Distance from the survivor (i.e. living in a different area than them) (4)
- ☐ Potential threat to your reputation and/or status in the community (5)
- ☐ Potential threat to your personal relationships (6)
- ☐ Potential threat to your physical safety (7)
- ☐ Potential personal discomfort (8)
- ☐ Other: (9) _____

Q19 Do you have any concerns about providing support that were not highlighted above? Please elaborate.

_____

Q20 Can you tell us a bit about what encourages you to provide support to someone who experiences domestic violence? (E.g. sense of obligation, responsibility or concerns, personal experiences).

_____

End of Block: Providing Support: Decision Making

Start of Block: Providing Support: Personal Experience

Q21 Have you experienced domestic violence from a partner or family member?

- Yes (1)
- No (2)
- Not sure (3)

Q22 Do you think your personal experience with domestic violence (presence or absence) has influenced your willingness to support other women who are being abused?

- Yes (1)
- No (2)
- Not sure (3)

Q23 How has supporting women who experience domestic violence impacted your overall well-being?

_____

Q24 Is there anything you would like to add about your experience as a supporter that was not covered?

_____

End of Block: Providing Support: Personal Experience

Start of Block: Providing Support: Resources

Q25 What are some resources that would improve your experience of providing support to women who experience domestic violence? (Select all that apply)

- ☐ Information on domestic violence and social support (brochures, pamphlets, booklets) (1)
- ☐ Skills trainings or workshops (2)
- ☐ List of supports for survivors (e.g. hotlines, counselling, shelters, etc.) (3)
- ☐ List of supports for yourself as a peer supporter (e.g. hotlines, counselling, etc.) (4)
- ☐ Peer support group (5)
- ☐ Other: (6) _____

Display this question:

If Q25 = Peer support group

Q26 Since you selected "peer support group" in the previous question, please describe what a peer support group is to you?

_____

Q27 Have you ever participated in a program or workshop related to domestic violence and/or providing support to women who experience domestic violence?

- ☐ Yes, I took part in the MRCSSI's 'It's On Us: Peer Leader Program' (1)
- ☐ Yes, I took part in a program or workshop not associated with the MRCSSI (2)
- ☐ No (3)

Display this question:

If Q27 = Yes, I took part in the MRCSSI's 'It's On Us: Peer Leader Program'

Q28 Since you selected "Yes, I took part in the MRCSSI's It's On Us: Peer Leader Program", please describe your experience of the program.

_____

Display this question:

If Q27 = Yes, I took part in a program or workshop not associated with the MRCSSI

Q29 Since you selected "Yes, I took part in a program or workshop not associated with the MRCSSI" above, please describe your experience of the program.

_____

Q30 Have you accessed any other resources to help you support women who experience domestic violence? If yes, please describe the resource(s) and where you found it/them.

_____

End of Block: Providing Support: Resources

Start of Block: Closing & Focus Group/Interview Recruitment

Q31 Once we receive responses from the survey we are looking to conduct private, one on one meetings with a researcher (interviews), and host three group sessions with five to seven participants meeting with a researcher (focus groups). Would you be interested in participating in a follow-up interview or focus group exploring what it means to be a supporter to women experiencing domestic violence?

- ○ Yes, please provide me with the link with further information (1)
- ○ No (2)

Q32 **Please press the 'Next' at the bottom of the screen as your answer has not been recorded yet.** Thank you for your interest in sharing your experience with us! Your participation is greatly appreciated by the MRCSSI and the research team at Western University. Your responses will help us improve the center's programming and gain insight into the experience of peer supporters like yourselves within your community. We are grateful for your contribution! Given the sensitive information you may have shared, we encourage you to seek support should you feel any level of discomfort or distress. The following formal supports are available to you in English and Arabic: **Naseeha Mental Health**, for Muslims and non-Muslims in various languages (7 days a week, 24hrs a day) Helpline - Call or Text: 1 (866) 627-3342 Website: https://www.naseeha.org/ Virtual counselling available at reduced cost **NISA Helpline for Muslim Women** (7 days a week, 8am-midnight) Helpline: 1 (888) 315-6472 Website: https://nisahelpline.com/ 5 free mental health counselling sessions to Canadian residents following an intake appointment **Khalil Centre** (Mon-Fri 10:30am-4:30pm, Sun 10am-4pm) Phone: 1 (416) 901-2244 Website: https://khalilcenter.ca/ Virtual counselling available after an in-take appointment

Display this question:

If Q31 = Yes, please provide me with the link with further information

Q33 Lastly, if you are interested in being contacted about participating in an interview or focus group please copy and paste the link below into a separate browser tab. This will open a separate survey asking for your contact information so we can be in touch with additional information and discuss scheduling.
https://uwo.eu.qualtrics.com/jfe/form/SV_9FY0nh73ZxY0fMq **After copying the link and opening it in another tab, please press 'Next' on this survey one more time so the system can record your answers!**

End of Block: Closing & Focus Group/Interview Recruitment

Appendix C

Interview and Focus Group Recruitment

Start of Block: Default Question Block

Q1 Thank you for your interest in further participating in this study! Again, if you would like to view this survey in Arabic, please select 'Arabic' in the language drop-down menu in the right top-hand corner. We offer two formats for you to select from, allowing you to provide us with more comprehensive insights into your experience as a supporter for women experiencing domestic violence. The first is an Interview. This will be a one-on-one meeting with a researcher who will ask questions pertaining to your lived experience and allow you to tell your story. The second is a focus group. This will consist of a structured discussion between you and 4-6 other women who offer support. The discussion is facilitated by a researcher who is also interested in your personal and communal experiences in your supporting roles. Please know that both researchers are female, persons of colour, and currently completing their masters in counselling psychology at Western University. The sessions will be audio-recorded; however, recording is only required for those participating in the focus group.

Page Break

Q2 Please share the name that you would like to be addressed by when we communicate with you.

_____

Q3 Please share the email you would like us to use when communicating with you.

_____

Q4 I am interested in partaking in...

- ○ an interview (1)
- ○ a focus group (2)
- ○ either an interview OR a focus group (3)

Q6 Where would you prefer to conduct the interview or focus group?

- ○ In-person (Local library or MRCSSI) (1)
- ○ Virtually (Zoom) (2)
- ○ I am open to both in-person and virtual (3)

Q5 Interviews and focus groups will be conducted in English. If you think having Taghreed Al Soumairy (from MRCSSI) present to translate certain Arabic words is vital to you expressing yourself, please request her attendance below.

- ○ I do not need a translator present (1)
- ○ I would like Taghreed's translation assistance for certain words (2)

Page Break

End of Block: Default Question Block

Start of Block: Block 1

Q7 We appreciate your interest in participating! You will be contacted by our research team with a letter of information, a consent form, and to schedule an interview or focus group once the main survey has closed. Please click 'Next' to record your responses.

End of Block: Block 1

Appendix D

Interview Prompts

(Introduction: Welcome and appreciation for participating, review LOI in layman's terms, inform participant that interview duration will be 45-60 minutes, restate confidentiality of interview, collect informed and written consent, explain concept of being an 'informal support', turn on audio recording - if consented to.)

1. If you're comfortable sharing, I'd like to hear about your personal experience as a supporter. Without identifying any names, can you describe your story supporting a woman experiencing domestic violence?

    Possible prompts throughout:

    a. How did you become aware that your friend/family member/community member was experiencing domestic violence?
    b. How did you support her?
    c. What aspects have been challenging?
    d. How has providing support impacted you as a person?
    e. Has your role had an impact on… your family? …your standing in the community?
    f. Can you tell me about why you think providing this support is important to you?
    g. When supporting becomes hard, from where do you draw hope?
2. How do you think your identity as an Arabic-speaking newcomer woman impacts your experience of providing support for women who experience domestic violence?
3. Is there anything that I haven't asked about that you'd like to share with me about your experience as an informal supporter?

(Transition: Thank you so much for sharing. I'm going to switch gears a bit and ask you about your experience at [community agency])

1. Did you participate in the peer leader program offered by [community agency]?
    a. (Yes) Did you learn anything that was helpful to you in your role as a peer supporter?
    b. (No) Have you heard of it before? Would you be interested in participating if it was offered again?
2. Do you have any ideas or suggestions of how [community agency] can support you and others who are providing informal support?

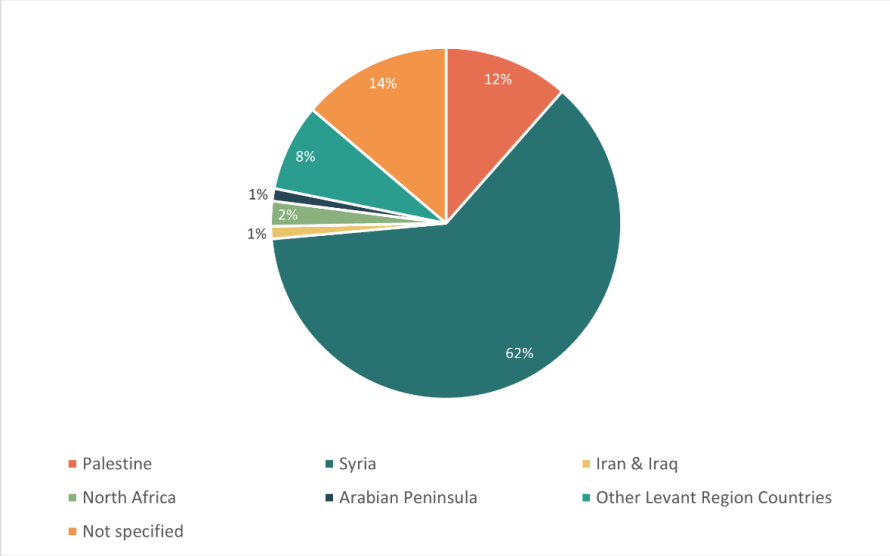
(Transition: Turn off audio recording and debrief with participant as described in debrief document.)

(Closing: Thank you, verify that compensation for time is received)

Appendix E

Figure E1

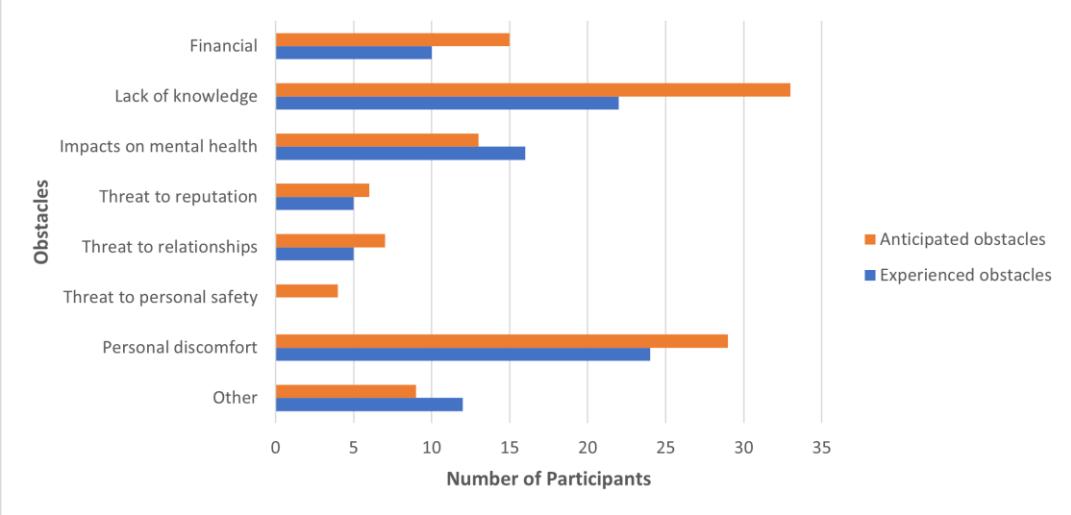
Distribution of Survey Participants by Country of Origin



Note. The percentage of survey participants from each country or geographical region.

Figure E2

Comparison of Experienced versus Anticipated Obstacles in Providing Support to DVA Survivors



Note. The figure compares the type of obstacles that InSs experienced versus which they anticipated being challenging when providing support to survivors of DVA.

Appendix F

Table 1

Themes Overview of Impacts on Informal Supporters

Theme	Subtheme
From the Outside Looking In	Seeing the survivor suffer
	Centering the survivor as the main character
	Foundational beliefs
Personal Investment	Supporting is a moral responsibility
	Staying silent is safer
A Balancing Act	Emotional exhaustion
	Seeping into personal life
	Cultural considerations
	Maintaining healthy boundaries

Appendix G

Table 2

Interview Participant Demographics

Participant	Interview language	Relationship to Survivor(s)	Support Provided
Amina	Arabic	Friends	Locally
Fatima	English with translator's assistance when needed	Sister	Remotely
Layla	Arabic	Friend	Locally
Mariam	English with translator's assistance when needed	Best friend	Locally
Rania	English	Neighbour	Locally
Zainab	English	Friends	Locally and Remotely

Curriculum Vitae

Name:	Tarana Steinke
Post-secondary Education and Degrees:	B.A. (Hons) – Psychology with Neuroscience Minor University of Guelph Guelph, Ontario, Canada 2017-2021 M.A. – Counselling Psychology University of Western Ontario London, Ontario, Canada 2023-Present
Honours and Awards:	Dean's Honours List – University of Guelph 2018-2021 Western Graduate Research Scholarship 2023-2025 Social Science and Humanities Research Council, Canadian Graduate Scholarship – Master's (SSHRC CGS-M) 2024-2025
Professional Experience	Clinical Internship (Counselling) ANOVA, London 2024-Present Mealtime Supervisor on Eating Disorder Unit Homewood Health Center, Guelph 2019-2022 Student Support Network Peer Counsellor & Team Leader University of Guelph 2019-2022
Research Experience	Interview and Transcription Assistant Dr. Kieran O'Doherty's Lab, University of Guelph 2021 Undergraduate Honours Thesis Supervisor: Dr. Carolyn Yule, University of Guelph 2020-2021

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